

# Medical Economics

The Business Magazine of the Medical Profession

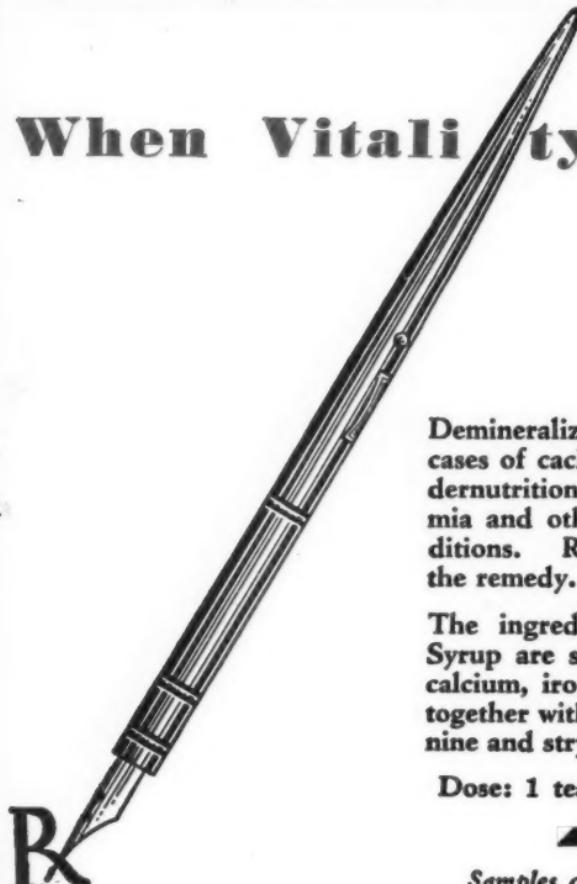


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# Speaking Frankly

**Newcomers** TO THE EDITOR: In October MEDICAL ECONOMICS, L. W. asks to hear from the medical sages concerning newcomers in surgery.

Far be it from me to pose as a medical sage, being but an humble worker in the Medical Vineyard, but perhaps I can add my mite to the discussion.

The best way I know for a young physician to break into surgery these days is to take a free dispensary appointment in his hospital immediately after internship. By persisting long enough he will eventually arrive as an established surgeon.

Or, if he is fortunate, the newcomer may obtain an assistantship to an established surgeon, and likewise by efficiency and persistence, eventually "arrive" himself.

A third way, of course, is to go out into the country and pioneer with a one-man private hospital—if one is so constituted that he can enjoy that life, and succeed in it.

J. B. H. Waring, M.D.

**Exchange** TO THE EDITOR: I read the article "Without Benefit of Cash" in October MEDICAL ECONOMICS with interest, especially the closing query regarding the income tax status of "payments in kind."

I practice in a town of fair size and have tried this plan on several occasions, each experience confirming the opinion that it is impractical—at any rate for me.

Some years ago I attended several members of the family of a tailor who is known for his professional skill and also for his aversion to paying his bills. I ordered a suit. The price was set a trifle high—in fact the sum exactly corresponded to the amount of my last bill to him. It was to be an exchange. After three months I got the suit.

I am an enthusiastic gardener. Recently a man whose wife I had attended agreed to do the heavier chores in my garden, if I would credit his account with the price of his time per hour at current rates. He did a little light spraying and raking, leaving the heavy digging to someone else whom I would hire for cash.

A woman agreed to spend a day a week cleaning, in partial payment of her bill. Somehow she always found an excuse to postpone the cleaning.

I could multiply instances indefinitely.

I found I saved time and needless friction by eliminating "payments in kind" from my scheme of life. Patients do not take seriously the idea of working out the doctor's bill.

A. D.

**Placement** TO THE EDITOR: Your publication is probably even more interesting to the young physician than it is to the older men, because the former is trying to gain some knowledge of the business side of medicine which the older men in our profession have learned by dear experience.

Here is a suggestion which may be of some help to many of us. Why do you not devote a part of your publication and activities to some sort of placement bureau, where those wanting positions, internships, locations, etc., could place small notices, and those who are seeking help could do likewise? Your magazine has an enormous circulation and is read from cover to cover by almost every physician; I am sure it would serve as an excellent contact medium.

R. H. Riedel, M.D.

**Doomed** TO THE EDITOR: For several years I have read the articles in MEDICAL ECONOMICS with a considerable degree of interest. It is my belief that your publication fills a very important place in the field of economics.

In writings, and in addresses before medical societies, I have attempted to stress the vital importance to the rank and file of the regular medical profession, of economic activity. I have tried repeatedly to point out the necessity of some definite plan and some concerted action whereby a betterment of the existing unsatisfactory conditions might be brought about. To some extent my efforts have fallen on unfertile ground; the organized medical profession is slow to act.

Yet I still believe that the past and present system of practicing medicine is doomed to revision, and that a change toward the direction of contract practice is inevitable in the not far distant future.

Let us have more articles on this subject.

A. Milton Cox, M.D.

**Volume** TO THE EDITOR: Years ago I had the idea that it was necessary to show a large volume of work on the books in order to collect enough to maintain myself and my office.

I have since found out that volume alone is not sufficient. A large amount of uncollectable bills can be a liability rather than an asset.

Just getting a large volume of practice without due attention to the matter

of collecting, puts the doctor in the position of the frog who has fallen on his back and will swell up and die unless someone turns him over.

These times make the physician's lot especially difficult. People of all classes are putting off calling the doctor until it becomes drastically necessary; and any surgery that can possibly be postponed is left undone. Meanwhile, the physician's overhead expenses are practically the same as in normal times.

General surgeons are probably harder hit in this respect than any other class, because there is so much emergency work that must be done regardless of patients' ability to pay. The EENT specialist, gynecologist, or orthopedist, on the other hand, may accept a case or not, as he chooses.

Every community of physicians should have some means of extending information, in order to check up on people who are able to pay but are unreasonably negligent about doing so.

A. G. Payne, M.D.

**Pussyfoot** TO THE EDITOR: I have appreciated your practice of discussing salient abuses in our profession. But this morning MEDICAL ECONOMICS arrived bearing a yellow slip headed "WARNING!—Please do not leave MEDICAL ECONOMICS in your reception room!"

I always leave MEDICAL ECONOMICS in my waiting room, call attention to it, and at the end of the month generally give it to some interested patient.

Why should we have anything to conceal in medicine? Why this pussyfooting about the abuses in our profession.

E. M. Perdue, M.D.

**Kindred** TO THE EDITOR: "It's Adventure!" is right. Thanks a hundred times for that inspiring story in MEDICAL ECONOMICS. You can't imagine how happy I was to read an answer to Dr. Campbell's advice to "Stay Ashore." You see, I, too, am stricken with the desire for adventure.

I welcomed this article—a fiery encouragement to an impulse that has never been dormant. I want to be a ship's doctor—any kind of ship—just so I can get out to sea.

J. S.

**Conflict** TO THE EDITOR: May I appeal to your sense of fair play by asking you to publish my reply to H. S., in September "Speaking Frankly"?

Refraction (optometry) is not a part of medicine and never has been. Court decisions have held optometry to be a separate and distinct profession, and the Supreme Court of Pennsylvania handed down an opinion in which it stated, "We cannot regard the fact that the work done by the eye specialist physician and that done by the optometrist, to a certain limited extent, lap over each other,

constitutes the optometrist a practitioner in medicine. Such work on the part of the optometrist was done by him probably long before the eye specialist among physicians had either the knowledge or the skill to do the work."

There is no conflict between optometry and medicine. There is conflict between optometrists and those eye specialists who attempt to take from optometry the heritage which is hers. H. E. Pine

### Boilers

TO THE EDITOR: Before me on my desk is a column clipped from a New York newspaper, and headed "Civil Service Examinations." The first notice invites applicants to register for Inspector of Boiler and Pipe Covering to pass upon the workmanship, efficiency and safety of boilers and appurtenances thereto. Candidates must show five years experience but need have no education outside of the practical knowledge acquired while working at this trade. The salary ranges from \$2,400 to \$3,000.

Just below this item is another notice. This calls for an Architectural Draftsman, Grade 4. The experience required is entirely technical "such as would be obtained in any first class architect's office." The salary is listed as \$3,120 "and upwards."

Finally, there is an opportunity for Resident Physician, Grade 3. Experience of at least one year as interne in a hospital of recognized standing is required and a license to practice medicine in the State of New York, which license must be shown at the hour of examination.

This doctor, if he gets the job, after passing both an oral, a written and a practical examination, and going through innumerable red tape requirements such as being finger-printed, is to be responsible for the medical examination of applicants for admission to city institutions and the treatment of inmates. If he is lucky enough to be picked from the eligible list, he may receive the salary of \$2,400, "up to but not including \$3,000."

Apparently an inspector of boilers stands in the same class with the physician, and the draftsman outranks them both. One reason may be that the physician belongs to no union. He is strictly on his own and must accept a minimum salary sufficient to keep him alive. If he does not like it there is a competitor equally well trained and ready, even eager, to get the job.

Competition may be the life of trade. But competition disorganized and ruthless, may mean embitterment to a profession.

Irving Wilson Voorhees, M.D.

**Applause** TO THE EDITOR: Hall Johnston's article "That Insurance Policy," in August MEDICAL ECONOMICS, gave information which every physician needs.

Few of us are capable of understand-

[TURN TO PAGE 91]

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# MEDICAL ECONOMICS

The Business Magazine of the Medical Profession



## We May Take Heart

By **WILLIAM GERRY MORGAN, M.D., F.A.C.P.**

**D**OCTORS, as well as other sections of society, have been passing through a great depression and have suffered grievously therefrom.

The financial crisis has so depleted the resources of their patients, that it is impossible for them to pay the normal fees; and, in fact, in a large percentage of cases, they can pay nothing at all. These individuals are subject to the same degree of illness as they were before they became impoverished; and they require the same type and extent of medical attendance.

Notwithstanding that doctors' incomes are greatly curtailed, they carry on the work of succor, often financing the necessary adjuncts to treatment from their own slender resources.

In many sections of our country the medical man finds himself in very straitened circumstances.

Coming in contact, as I do, with

individuals of all walks of life, and from every corner of our country, because of my residence in the capital city of the nation, a settled conviction has been growing upon me during the past weeks that the immediate outlook for all classes of our citizens, and especially for those engaged in the practice of medicine, is becoming progressively, step by step, a little more promising.

I think we may take heart. I believe sincerely that in the months to come our situation as practicing physicians will be immensely improved.

It would appear to those of us who can view at short range the splendid work which has been done along rehabilitation lines, by the present administration, that regardless of political change, the wise, comprehensive, and farseeing plans which have been inaugurated will in the near future lead us well along the road to complete economic recovery.

# Making the Fee Fit

## GOOD-WILL IS A LARGE FACTOR

• By A. MICHAEL

**D**OCTOR, I'd have come in three months ago, but we felt we couldn't afford it. Now, of course—"

She hesitated and sighed. I could read her thoughts. Her children would have to do without the milk and vegetables they needed so the medical bill could be paid. Somehow, the family would pinch enough pennies in the course of the next six months to offset it.

I knew she did not want charity; that would have gone against the grain. And I knew, too, that if she were told that every call she made at my office would cost her only one-half of what she had figured on, it would raise her morale a hundred-fold.

So I spoke of the change that had come over everyone's financial status, explaining that I had been as hard hit as she, but that I was willing to do my share to bring her back to health, for much less than she had figured on.

The woman brightened visibly. "That's good of you, doctor," she said gratefully.

"No, only sensible."

\*

These are parlous times, as anyone reading the newspapers and glancing about him even superficially can testify. The world of the nineteen-twenties has changed; and with it have changed many of our notions of what constitute necessities, what constitute luxuries. For the medical man, they have changed most of all, perhaps.

Fees are few and far between. Many former patients are out of

work and must conserve their meager savings; others, less well off, are "on the count." Often these people do not call the doctor when they need him most.

With wages and salaries cut to the bone, when there are any earned at all, it becomes worse than imprudent to try to maintain 1929 fees. During the years from 1923 to 1929 my fees for office and outside calls, confinements, and operations had gone up, just as the services and supplies I was obliged to use had mounted in cost. Salaries and wages had gone also up during that period, and patients were not being overtaxed to meet my increased scale.

Now, with the cost of living and services down, there is no good reason why I should not pass on some of my savings to my patients. Besides, I feel it is much better to be sure of ten dollars paid in hand, than to ask twenty-five and write the total off my books.

Patients, my experience shows, are more likely to pay the smaller sum immediately and shy away from the larger, because it entails a burden on them. They will have to do without so much to meet it, they argue with themselves. And they really need that new winter coat to keep warm.

The ten dollars does not deprive them of the coat. Comparatively, it is a small amount. Better pay it, they tell themselves, while they have the money, and get it off their minds. So, while the fees have been smaller, I have been able to collect enough of them to defray my professional and living expenses and have a

# Fit the Times

By A MICHIGAN PHYSICIAN

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little over for an occasional, inexpensive week-end jaunt.

Following this policy, I have found my practice expanding rather than contracting.

Within distances of fifteen and twenty-five miles respectively, on the other side of the State border, are two small communities that, some time ago, could not afford to support a doctor of their own. These settlements, composed mostly of woodsmen and shackers who had settled on cut-over land and were trying to eke out an existence on new farms, contained but few members who could pay their own bills for medical services, no matter how small they might be. Fees for medical care had to be paid out of public funds; and these funds, in turn, were meager. Some of the money came from the State, and had to be administered carefully in order to stretch it over the many demands.

Prior to the early summer of 1932, another physician, located in the home county of these communities, had taken care of their medical needs. His services had been entirely satisfactory.

But with the tax money coming in more slowly, or not at all, and subsidies from the State growing smaller, the supervisors who had charge of the disbursements found it harder and harder to meet bills. Once or twice, they approached the doctor and asked him to be more lenient with them.

The doctor was indignant. He had been practicing medicine for twenty-five years, and he believed the authorities [TURN TO PAGE 95]



"When I'm at work, Doctor, I'll pay you."

"I nod, but I do not intend to send him a bill. I do not believe it will pay me to harry my patients with bills they cannot meet.

"Some day, when the wheels of industry are turning at their normal pace, I shall ask to receive larger fees for my services. Meanwhile, I am building good will, without which no doctor can remain in practice."

# A Merchant Looks



Edward A. Filene is the head of one of Boston's largest department stores. He is perhaps even better known, nationally, as a medical economist, his hobby being to support research leading to the solution of the problems of medical care.

His article here is unusual because it represents the frank opinions of a merchant-philanthropist who is yet sympathetic to the problems of the private physician. The article is based upon his address before the Clinical Congress of the Connecticut State Medical Society, September, 1932.

# ks at Medicine

## HE SEES A NEW DAY FOR THE PHYSICIAN

By Edward A. Filene

If a member of the medical profession were to come into our store and hold forth on the merchandising of shoes or neckties, I might be inclined to point out that his experience was medical rather than business. However, if he were to speak of the health of the employees and the effect of their health on their work, he would be approaching my field along lanes more familiar to him than to myself.

Conversely, I shall approach here the subject of medical care from the standpoint of business experience. In other words, I shall discuss it in the language of the business man, in terms of dollars and cents, of production and sales, of profit and loss, of potential markets, and of service to the consumer.

We know today, from scientific analysis and research, that the prosperity and future of the country lie in having the consumer get the most for his dollar. In that regard, the cost of medical care is a fundamental factor. For, while the *science* of medicine has progressed at a rapid pace, the application of cost-cutting *business* principles by the medical profession is still in the ox-cart stage.

\*

Consider these statistics: sixty-five per cent of the income of individuals in moderate circumstances is paid out for food and

shelter (forty per cent for food and twenty-five per cent for shelter). Out of the remaining thirty-five per cent must come education, recreation, travel, clothing, furniture, savings, luxuries, and medical care. If any one of these items, or some other incidental, requires more than its allotted share of the worker's dollar, payments of debts and purchases of other items are delayed.

No group gets such conclusive evidence of this fact as the medical profession. Sickness is seldom anticipated; and medical care, to date, is almost entirely neglected in the family budget. This may be the fault either of the family or of the profession.

But of one thing we are sure: *If the profession itself does not organize to put medical care on a sound business basis, the income of doctors will become increasingly precarious; and the purchasing power and credit standing of the average man will be definitely hampered.* The greater service which the medical profession is so constantly striving to perform requires a reorganization, through scientific fact-finding, of the business methods it now employs.

Today we are witnessing the paradox of a nation starving for medical care, while ample facilities for this care are at hand. This touches a more personal point: the doctor's pocketbook. It

is not unreasonable to say that doctors work as hard as any class of business men. Why do we find, then, that the average physician's income is barely in excess of \$5,000, although seven years of intensive study and a capital investment of, say, \$20,000 is required to enter the medical profession?

In our scientific research we are quite abreast of other countries. Our hospitals are well staffed. With an A-1 product to sell—HEALTH—this slackness of sales shows only one thing: absence of proper organization within the medical industry.

When I was a boy, the silk with which to make a dress cost almost as much as, if not more than, a stylish, ready-made silk dress of today. What has happened? Raw silk is much higher now than at that time, but styles have changed. Less silk is used in a dress. Manufacturing costs have been brought down by mass production.

*Scientific research in business methods brought prosperity to America. Traditional business methods brought the depression. In the science of medicine, research has produced results. Is it not possible, therefore to apply the same fact-finding processes to the business of medicine?*

I feel sure that a complete reorganization of the business side of the medical profession along proven business lines would give the public two or three times the service it now gets at perhaps one-half the cost. It would also result in greatly increased returns to the profession.

Let us look at the amounts spent for medical care, as shown by cost-of-living studies. Let us try to analyze how it would be possible to reduce those costs, stimulate effective interest in health, and show a greater income for the medical profession.

In the field survey of the Metropolitan Life Insurance Company for the year ended October, 1931, the average medical expense for a family of five was shown roughly to be \$125 per year. Families considered were typical of the country at large, and the cost of medical treatment averaged approximately three per cent of the total family income. (This was, however, almost ten per cent of the money left for all other expenses after food and rent expenses had been met.)

As the survey was made among policy holders, it may be assumed that the families were good credit risks and of a type likely to look after their health. However, the yearly incomes of the individual families varied from \$2,000 or less, to \$10,000 or more. The group with incomes of less than \$2,000 had averaged medical expenses of only \$63.46 for the year; while the group with incomes above \$10,000 averaged \$270.34.

This variation brings up the question as to whether all groups of families have adequate medical attention. Does the larger outlay represent more expensive treatment, or does it mean that the wealthier group, because of its wealth, pays a compensatory charge to balance the minimum charges in lower-income families?

Does either sum assure us that the majority of people pay sufficient attention to their health? Is any large group of people in this country now enjoying sufficient preventive medical care?

Colds, for instance, are one of our greatest economic wastes. Yearly, as you know, the average office worker loses more than five days employment due to head colds. Not only is "time out" taken in the more serious cases, but employees will often work inefficiently for several days with a cold, causing loss to their employer.

I have never [TURN TO PAGE 133]

# Those New Taxes

## FACTS THE PHYSICIAN SHOULD KNOW ABOUT THE REVENUE ACT OF 1932

**B**ECAUSE it is a decisive step toward balancing the national budget, and hence toward preserving the Government credit, the Revenue Act of 1932 has been called the most constructive bill approved by this year's Congress. The bill is constructive it is true. Taxes resulting from it will substantially augment Treasury receipts.

At the same time, the Revenue Act definitely falls short of its goal. The funds it provides, officials now agree, will not be sufficient to balance the budget, as formerly anticipated. Here are the reasons:

The budget anticipates income from War debt payments. This income will probably not be forthcoming. The budget also anticipates larger income tax returns, now made unlikely because

of the nation-wide decline in corporate profits. And, finally, no funds are provided by the Act for unemployment relief or for such anti-depression agencies as the Reconstruction Finance Corporation.

To make up these shortages and to balance the budget, therefore, it is quite likely that additional tax increases will be found imperative before the 1932 year-end. Opinions voiced in authoritative quarters indicate that these increases will be embodied in a general sales tax.

Returning to a consideration of the existing tax provisions, we find included in the Revenue Act a number of new departures, which affect the physician, along with millions of other citizens.

[TURN THE PAGE]

### INDIVIDUAL INCOME TAX



Normal tax: 4 per cent of first \$4,000 net income; 8 per cent of remainder.

Surtax: 1 per cent of net incomes in excess of \$6,000, to 55 per cent of net incomes in excess of \$1,000,000.

Exemptions: Single persons \$1,000; married persons \$2,500; each dependent \$400.

### ADDITIONAL ESTATE TAX



Upon transfer, one per cent of net estates not in excess of \$10,000, to 45 per cent of net estates in excess of \$10,000,000.

This tax is in addition to the tax imposed by Section 301 of the Revenue Act of 1926.

Exemption: \$50,000.

### GIFT TAX



Three-quarters of 1 per cent of net gifts not in excess of \$10,000, to 33½ per cent of net gifts in excess of \$10,000,000.

Exemption: \$50,000.

**INDIVIDUAL INCOME TAX.** Incomes of thousands of additional people are now brought into the taxable zone as a result of lowered exemptions. Many an individual, unmolested for years by the tax collector, will now find him an annual visitor.

However, persons of modest means are not the only ones adversely affected. Holders of large incomes are now subjected to even heavier levies. The majority, by way of tempering the burden, are increasing their investments in tax-exempt securities.

**ESTATE TAX.** Rates on estate taxes have been increased more than 100 per cent. Not only are the regular estate taxes still effective, as provided by Section 301 of the Revenue Act of 1926; but Congress, ever considerate, has imposed an *additional* estate tax as well.

**GIFT TAX.** In order that his survivors can avoid the increased estate tax, an occasional taxpayer may be tempted to transfer to his family, during his lifetime, all properties owned by him personally. Unfortunately, or otherwise, this means of outwitting the tax collector has been foreseen and forestalled by a new tax on gifts and transfers in trust.

Finding this escape from estate taxes blocked, perhaps the taxpayer who wishes to settle a large gift on his family will make his contribution in small amounts yearly, so as to secure a low tax rate. But here again the Revenue Act works against him, since the new tax is levied each year upon the total *cumulative* value of gifts given by the taxpayer since June, 1932.

Congress will still allow the Christmas spirit to be indulged, however. Gifts valued at \$5,000 or less can be given to any individual during a single year. Furthermore, the tax is not ef-

fective until \$50,000 or more has been disbursed in the form of gifts. Donations to charity are exempt from all gift taxes.

Even if there is any physician in these times who wishes to give away more than \$50,000, he need not seriously concern himself about the tax thereon. Under the new law, gift taxes may be deducted from taxable income when computing individual income tax. In this manner, a considerable portion, if not the entire amount, of the gift tax can frequently be recovered.

**OTHER TAXES.** The present two-cent tax on bank checks is the first to be imposed since the time of the Spanish-American War. While the latter check tax was collected in stamps, the existing tax is deducted by the bank from each depositor's account and turned over once a month to the Treasury Department.

Because of the fact that certain organizations find it necessary to issue a tremendous volume of checks in small amounts, certain exceptions have been made to the foregoing check-tax ruling. This, of course, does not affect the physician; he is still liable for the two-cent tax on each check, no matter on what bank it may be drawn.

The consumer, when computing his net income, is not allowed to deduct manufacturers' excise taxes, even though he himself may eventually bear a large part of their burden. The only taxes he can deduct are those on telephone and telegraph messages, electricity, safe deposit boxes, admissions, bank checks, and the use of boats.

Even with these extra well-springs of revenue flowing into the Treasury, Uncle Sam is still in danger of financial drought. What further drains will be made upon the individual taxpayer's pocketbook during the next year is a matter of conjecture, and hope!

# A "Better Times" Follow-Up

AN IDEA FOR THE  
COUNTY SOCIETY?

A feeling is prevalent that the Nation is recovering from the depression, and that better times lie ahead. The business panic and subsequent hardships have emphasized the vital truth that "Prevention is Better than Cure."

The Blank County Medical Society has requested its members to write to their patients, urging the importance of a health examination at this time. Neglected conditions should be treated immediately, and bodily fitness assured.

I have set aside special office hours—7 to 9 P.M., Wednesdays and Fridays—in order to give my patients ample time for thorough examination.

Dr. John A. Blank  
(Address)

Here is another follow-up idea to add to those which were suggested in September MEDICAL ECONOMICS. This announcement card contains a tie-in with the current improvement in business conditions and the returning feeling of confidence.

In using this, a suggested method of procedure would be: first, a resolution by the county medical society approving its use; second, mailing the card by each individual practitioner to his own list of patients.

MEDICAL ECONOMICS submits the idea for consideration and will be glad to have opinions from its readers, and examples of other forms of follow-up.

# Do Physicians Want

By C. RUFUS ROREM, Ph.D.

Associate for Medical Services  
Julius Rosenwald Fund

**C**ONCERNING the cost of medical care, public opinion says: "It's too high!" The collective voice of the medical profession replies: "It's *not* too high!"

Both are right; only they see the matter from different viewpoints.

In declaring that the cost of medical care is too high, the public's attitude is influenced by the fact that ten per cent of American families pay forty-one per cent of the nation's sickness bill.

The profession, on the other hand, asserting that the cost is not too high, bases its conclusion on the knowledge that physicians generally are not getting rich from fees, and that many hospitals are not even able to pay expenses from charges alone.

The medical expenses of an American family average \$120 a year. If it were true that all families in the various income groups incur the average expenditure of \$120, one might say that the cost of medical care is more or less evenly distributed. But this is not the case.

In every income group there is a striking concentration of the burden of medical care upon a few families. People with approximately the same annual income vary greatly in their necessary costs of medical care. Some pay nothing at all, or negligible amounts. Others pay total sums exceeding the average amount by two, three, or even five times.

It may naturally be concluded,

then, that sickness expenditures in the United States are not generally borne by families according to their ability to pay. The mere fact that the average yearly sickness bill of each family is only \$120 fades into insignificance when the uneven distribution of the aggregate cost of medical care is recognized.

Slipshod reasoning might lead some laymen to believe that, since the public is paying out too much for medical treatment, the physicians of the country are reaping a harvest. As matters stand now, however, both the medical profession and the public are unhappy. Except in isolated instances, no one reaps a harvest; for the simple reason that there is no harvest to reap.

Looking at the situation from the viewpoint of the medical profession, we find that far too many practitioners are underpaid. Even in the boom year, 1929, fully one-third of the physicians in the United States received net incomes of \$2,500 or less. Eighteen per cent of them enjoyed the princely sum of \$1,500 annually.

Accordingly, averages mean little. This has already been shown in the discussion of medical costs per family. The significance of averages is no stronger in estimating physicians' incomes.

To illustrate: The average net income of a typical group of more than five thousand physi-

# Contract Practice?



C. RUFUS ROREM

cians has been determined to be \$5,400 a year. Offhand, \$5,400 a year does not sound so bad. But the picture is deceiving.

As it happens, individual incomes vary widely from this figure. Complete specialists, for example, earn an average of \$10,000 a year net. Partial specialists earn \$6,100. General practitioners earn \$3,900.

Undoubtedly, some fortunate doctors, mostly specialists, make large incomes; and some lucky families have little sickness to worry them. *But the mass of the people and the medical profession in general face a common problem in the unevenness and uncertainty of the national sickness bill.*

What should be done about it? The total cost of medical care is not too great for the people of

"Contract practice offers mutual benefits to the public and to the profession."

the United States as a whole. The aggregate income of physicians is not too small for the profession as a whole. What must be done is to distribute more evenly both the cost as it affects patients and the income as it affects physicians. *In short, the object should be to take less money out of more patients' pockets and put less money into more physicians' pockets.*

Various plans for accomplishing this have been suggested, and one that is receiving particular attention is contract practice.

Throughout the United States during the past two decades there has been a steady growth of contractual arrangements which assure medical practitioners of a specified income, and guarantee to groups of the general public designated types of medical care. The practice, of course, has been most common in those industries separated from centers of population, originally railroads, mines, and lumber camps. More recently such contractual arrangements have been developed for the employees of electric railways, banks, department stores, and local governments. In some cases agreements have been made with independent practitioners for their part-time services; in other instances, full-time salaries are paid to physicians for giving their entire services. [TURN TO PAGE 97]

# Courtesy Service— TO BILL OR NOT TO BILL?

By

**C**OURTESY of all kinds is a fine thing. It is a mark of culture. But courtesy can be, and sometimes is, carried to impractical extremes.

One of the concomitants of the practice of medicine is courtesy service—treating one's fellow practitioner and his family gratis. Basically I have no fault to find with the custom. In fact, I am ready to defend it, as I would defend any other practical form of courtesy. But the very act of defending it would raise certain questions of definition.

What is courtesy service? Where does it begin and end? Is there any end? When is it and when is it not equitable to render medical service to my professional allies—including physicians and their families, ministers and their families, nurses and their relatives, the local druggist, and the niece of the sister of the janitress who sweeps my office floor?

Is it heterodoxy to ask these questions? I think it is not. The origin of the whole idea, of course, is the fact that it is frequently out of order for a physician to be his own patient, and the feeling that physicians should not attempt to treat their own families. There is good sense to that, as any physician will agree.

\*

We are glad to treat one another, to care for one another's families in time of illness—and no bills rendered. We are glad to do so in spite of the fact that the complicated nature of today's economic structure creates many an unbalanced situation.

Should a physician send a bill for services rendered a colleague who is not in a position to reciprocate professionally?

Should a physician send a bill for services rendered to non-dependent members of a colleague's family?

Should bills be sent to patients in allied professions—dentists, nurses, pharmacists?

Should payment be asked for services rendered a minister of the Gospel?

These are radical questions—but they are questions which occupy the thoughts of some of the younger generation in medicine, as this article indicates.

The expense of carrying on various types of practice, the time, trouble, and cost of treating various kinds of ailments—these factors are so variable that equitable balance of services is impossible. The relative contribution of a nose and throat man in taking out tonsils and adenoids, as compared to that of a chest specialist in following through a case of tuberculosis, on the basis of time, skill, and expense, is of such extremely different character that the two can hardly be considered in the same category.

Taking X-rays costs the radiologist for equipment, supplies, and technical assistance, in addition to his skill and knowledge. Skill, knowledge, and office overhead is all the skin specialist is

# Let's Define It!

By a California Physician



called upon to give. But the surgeon has to tie himself to the hospital many times; and, if the case is serious, the wear and tear on his emotions is terrific.

Of course there are other ways in which a physician can favor another physician who has served him. Chief among these is reference of cases. Occasionally a physician is grateful enough to remember his benefactor in this manner. But here again, human nature falls down too often, and the balance fails to work out in practice.

Yet we are glad to continue the custom, in spite of the imbalances. It is one of the fine traditions of professionalism. But like all forms of etiquette, the custom brings with it problems

which sometimes give us greater pause than our paying cases.

There is no more delicate situation imaginable for a man to be in, than to have to take care of a physician friend, or a physician friend's family. The condition under treatment may be highly specialized, and the recipient physician may be only half informed about it, yet he will have his own ideas, and he will get other ideas from conversations with colleagues. In the end, he will probably disagree with the attending doctor.

Are there any recipient doctors who fail to have definite criticisms to offer regarding the treatment they have received during a severe or acute illness? How many will not mentally, if not openly, question procedure

While we are attempting to define this matter of professional courtesy, let us stop and ask whether it would not sometimes be a very distinct courtesy on the part of the doctor receiving the free service to insist tactfully on giving remuneration—in cases where it is obvious that there can be no reciprocity of service!

A young friend of mine finished medical school not many years ago. He had worked his way through, practically without help. Fired with the zeal of his lofty calling, he finished his internship, and with one suit and a few second-hand instruments began his practice.

Being well grounded in anesthetics, he soon received a call to put to sleep for surgery—a doctor's son. It was an emergency case, the anesthetic was a difficult one, and [TURN TO PAGE 105]

# Fraternities Were

By ALBERT B. LANDRUM, M.D.  
Secretary, ALPHA KAPPA KAPPA  
(As told to James B. Chalfant)

*Friendship is the cement that binds souls together.*

—Marcus Aurelius

I BELIEVE thoroughly in the fraternity system. That largely explains why I have retained an active interest in my fraternity since my college days, and why I have served for sixteen years as secretary-treasurer of Alpha Kappa Kappa medical fraternity.

"Of two physicians, with similar intelligence and training," writes Dr. Joseph Collins in his interesting little monograph entitled *A Doctor Looks at Doctors*, "success will come to the one who has a flair for personality."

It is well and good for the doctor to get all the technical knowledge possible; yet, since he is to treat individuals "in pain, fearful and apprehensive," to borrow another of Dr. Collins' excellent phrases, mere detached interest in disease will not suffice. He must understand people, and be able to win the confidence and the esteem of those with whom he deals.

I believe thoroughly in the fraternity system because, as I see it, it offers to the medical student an unexcelled opportunity to develop a genuine personality.

How well I remember one of my own classmates who, through his own choice, was not a fraternity man. He was a first-class student and a fine fellow in every respect, a man who would have been welcomed by the finest

groups on the campus. But he had the lone-wolf complex. Ten years after we were graduated he expressed a genuine regret that he had made such a decision in his college days.

"You fellows in the fraternities were right, after all," he said to me. "I couldn't see the value of social life then. I was all for sticking strictly to my knitting. Fraternity life, I figured, was all unnecessary—a hindrance rather than a help in any sense. I was in college to study medicine, and I didn't propose to risk letting the side-show swallow the circus!"

"You fellows, I said to myself, were wasting a lot of time that I was employing to better purpose on my books. Really, I thought I'd have the edge on all of you when we got out into practice. But of late I have come to realize very plainly that you got something in the fraternities that I needed and didn't get—a certain amount of grace and polish, good fellowship, a spirit of comradeship, and above all the beginnings of life-long friendships.

"Consider you and me, for instance. We are good friends, and yet I know that I am not nearly so close to you as the boys who were with you in the fraternity."

With all respect to my friend, I could not very well deny his last statement. Naturally I felt closer to the fellows with whom I had lived in a common bond of

# Made for Doctors



ALBERT B. LANDRUM, M.D.

"Experience has shown us that the average doctor who is a fraternity man, but who has allowed his fraternity interests to lapse, begins to realize after a while that he is missing something..."

"Where do you stand in this matter? Are you one of the 'Forgotten Men' of your fraternity? If so, why not come to life again, for your own good as well as for that of your group?"

interest under one roof. Indeed, I know of no better way of really knowing a man in medical school than to live with him in a chapter house. There in the months and years of college life the future doctor lays the foundation of abiding friendships.

To not everybody in the chapter, of course, will his nature respond favorably. Yet within the group as a whole he will almost certainly find at least a few compatible spirits who will become his intimate comrades at school and his closest friends throughout life. And as the lad studies the personalities of those about him, admiring a trait in this one and striving to emulate it, disapproving of another in that one and seeking to avoid it in himself, he experiences personality growth.

The business of running the chapter house teaches him practical lessons in economics and adds to his capacity for responsibility. The real problem of adjusting his personal conduct to the well-being of the whole chapter curbs incipient selfishness and thoughtlessness. The experience of being one of a group that does things on the campus adds tremendously in developing initiative, self-confidence, and poise.

Aside from the invaluable association with his classmates in the chapter house, the aspiring young medical student may obtain an excellent avenue to his professional life through contacts there with the old grads who have already won success in their fields and who return to the chapter [TURN TO PAGE 153]

# This Big Matter of

## WHAT ILLINOIS HAS DONE

By Jean McArthur

Secretary, Educational Committee  
Illinois State Medical Society

**I**S HEALTH education, under the sponsorship of the organized medical profession, such a radical idea, after all?

Some twenty years ago the Council of the Illinois State Medical Society created a Lecture Bureau, discussed the advisability of supplying speakers to talk on health matters before lay audiences. Unfortunately, the idea was not sufficiently advanced at that time to make possible a test of its practicability.

But that was twenty years ago. The idea had been planted, at least. It grew. Ten years later, in June, 1922, the Society passed a resolution endorsing a broad plan of publicity through pamphlets, addresses, and the lay press, to the end that the public be enlightened on the truths and principles contained in the development, progress, and present status of medicine.

The time was ripe for real progress now. The medical profession of Illinois had awakened to the rightfulness of an educational program whereby the public could be given information concerning the great advances made in scientific medicine.

Intelligent people should know that certain diseases can be prevented, but there are many who do not know; and as a result we find children suffering from the ravages of diphtheria, scarred by smallpox, and entering school

wholly unfit to accept the new responsibilities which fall upon them.

Pre-natal and post-natal care should be emphasized in an endeavor to reduce maternal and infant mortality. Mothers should be taught both the necessity of medical supervision for children, and the safeguards which are available.

It is upon these principles that the idea of health education has since advanced. Action has followed swiftly.

In Illinois during 1922, the State Medical Society began the task by appointing an Educational Committee. The Committee was given no instructions as to how it should function, nor were any funds placed at its disposal to begin operations.

Unfortunately, the work could not be done without financial support. An appeal was made to the membership, therefore, for donations; and in about one year a substantial sum was available.

Next, a director was employed, a several-purposed program was mapped out, and the work began. It was a difficult process, and at the end of a single year, the funds were practically exhausted.

Accordingly, the Committee in its annual report recommended that the work continue and that the expense be borne by the Society, without donations. This was unanimously approved, and

# Health Education



## GUIDEPOSTS TO Health and Happiness

Compiled by the  
Illinois State Medical Society

### VALUE OF VACCINATION AGAINST SMALLPOX

Years ago practically nothing was done to prevent smallpox and as a result before Jenner's discovery of vaccination in 1798 the people were defenseless against it. In the 18th century 60,000,000 people died of the disease in Europe alone; 600,000 deaths a year. In England during the 18th century over 90 per cent of the population had smallpox. In the Boston epidemic of 1792 the population was about 18,000. Ten thousand persons had the disease; practically all the remaining 8,000 contracted it. This should give us a rough idea of the value of vaccination in this day and age when smallpox is, in comparison, a rare disease.

If vaccination were stopped today the result would be rapid infection of non-immune people. There were 40,000 cases of the disease in 1929 in the United States, every one of which could have been prevented by recent vaccination.

Children, if vaccinated in the first year of life and again in the 10th or 12th year, will be immune to the disease practically for life. The majority of adults of this country have been vaccinated only once and in many instances their immu-

nity has decreased below the protection limit. As a result, contact with cases brings about typical smallpox which, in some instances, is mild due to partial immunity, but in others so severe as to leave the patient pock-marked for life.

The material used for vaccination is called vaccine virus and it causes a disease in cattle known as cowpox. The virus is prepared under carefully controlled conditions and has to conform to definite government standards. It is not dangerous and causes only a localized reaction. It would be impossible to contract smallpox by vaccination with virus from cowpox.

If a person were vaccinated today it would bring about immunity so quickly that if he had contact with a case tomorrow he would not contract the disease. The incubation period for the smallpox is from 12 to 14 days and during that time immunity would develop to the protection point. Even if one were vaccinated during the incubation period, that is, shortly after contact with smallpox, either the disease would not develop at all or it would be a modified, mild attack.

Smallpox is a disease of ignorance and indifference. It attacks all classes except those who have been immunized.

Newspaper articles, radio talks, motion pictures, lectures, posters, and pamphlets all play their part in the health educational campaign of the Illinois State Medical Society.

Last year the Society released more than 11,000 medical news items, showed 130 motion picture films, gave 25 poster exhibits, loaned 365 package libraries to physicians, and scheduled 116 lectures.

The clipping reproduced above is typical of articles appearing in the columns of a hundred or more Illinois newspapers.

since that time the Council has appropriated certain amounts regularly for the purpose.

The Educational Committee has tried consistently to supply knowledge wherever it has been lacking. A conversation here, a public talk there, newsprint and pamphlets—all offer opportuni-

ties to spread public health teachings. An educational committee must always have an eye open, looking for new fields.

Possibly the most popular feature of the program is the Speakers' Bureau. Speakers are carefully selected and listed throughout the State, so that in the majority of instances a physician does not have far to go to fill an appointment.

During the past twelve months, 553 speakers, all members of the Society, have addressed lay groups within the State. It can scarcely be doubted that much good has been accomplished and that at least a fair percentage of the 180,000 people who heard these health talks were benefited.

The physicians of the State have shown a splendid willingness to take care of these speaking appointments. A number of addresses have been scheduled even in communities where there are no doctors. Only by means of a Speakers' Bureau has it been possible to reach such a large number of individuals in practically every county of the State. This brings home with striking force, the power for good which cooperation among physicians can engender.

The Speakers' Bureau is a carefully organized unit within the Society. For example, it maintains a package library service from which physicians may secure outlines and material to aid them in the preparation of talks before lay groups. A check system is used; and every talk is followed by a letter to the chairman of the meeting to find out the attitude of the listeners to the presentation. We have found this report system exceedingly valuable in keeping this service at a high standard.

As part of its varied program, the Committee emphasizes the periodic health examination of children and adults, in an effort to discover early symptoms of disease. A [TURN TO PAGE 117]



(Upper illustration) First page of the Child Health Magazine supplement, Chicago Herald & Examiner, January 17, 1932—composed largely of material supplied by the Illinois State Medical Society.

(Lower illustration) A weekly health column sponsored by the St. Clair County (Illinois) Medical Society.

# The Doctor's Assistant

MOST important of all attributes is INTEREST—interest in patients, their personalities, their day-to-day comments, and in making their reactions to the office favorable always. The physician's assistant must like her work.

But there must be the balance wheel of JUDGMENT, which after all amounts to nothing else than a keen sense of her responsibility. She must be alert to opportunities to preserve patients' good-will toward her employer. Good judgment defines the line between the *interested* and the *inquisitive* secretary.

TACT smooths over the hundred-and-one awkward situations that arise in the doctor's office. The doctor is late, a patient is nervous, another patient complains about his bill. The tactful secretary maintains her composure, dispels annoyance. One patient is profuse in praise for the doctor, another in condemnation. With the former she agrees; to the latter she just listens.

And NEATNESS—in dress, and in the appearance of the office. If she is proud of her position, neatness will be automatic. No matter how busy, she will find a moment to tidy up.

A great deal of the physician's success depends upon his secretary-assistant. She must try to look at all problems, all circumstances, through his eyes. Harassed days produce short tempers. Will she mind? Not if she likes her job.—JOSEPHINE CARDER.



# Words of Cheer that Sp

**D**R. Morgan's message on page 13 reflects the glimmer of hopefulness for which physicians have long been watching. His words, "We may take heart," are especially significant now, when not only the depression, but the threatened radical changes in medicine, suggest discouragement and dark days to come.

His is a message of cautious optimism; it conveys the same spirit as one window sticker that is now going the rounds—"Millions think prosperity is returning. What's your guess?" The reality of today's feeling of confidence is evident on all sides. Statistics show that business is picking up, that the demand for products of almost every category is increasing. With this demand will come activity to meet it, men going back to work, farmers and ranchmen increasing their production, a general speeding up of the wheels of commerce. Little by little the fear will disappear, and the old confidence will come back.

But the physician's interest in this picture of returning prosperity should be more than passive. It should be an active interest, should manifest itself through renewed activity of several kinds: study of group clinics and of sickness insurance as means of forestalling state medicine; better control of legislation adverse to medicine; better contact with the public — individually, through use of the follow-up idea, and collectively by means of health educational publicity.

The improvement in business conditions is a challenge to our inertia, and a stimulant to our initiative.

We have fortunately taught ourselves out of the idea that the physician's place is to sit and wait for sick patients to make their

# Speak a Challenge

appearance. The greater benefits of preventive medicine are too apparent for us to overlook them, or permit the public to continue in ignorance of them. Medicine must end its policy of passiveness.

If prosperity does return in full, bringing in turn a greater call upon the doctor's services, it will be easy enough to fall back into the old slumber and take things as they come, *for a while*. The trouble is that prosperity will set the stage for state medicine, agitation of which has been temporarily postponed by a slim Treasury and general hard times. Returning prosperity will pave the way for further politically-minded legislation detrimental in its final effect to both the public and the medical profession. That makes two good reasons why every unit of organized medicine, down to the smallest county society, should gird for action.

Health educational publicity also has an element of timeliness because countless thousands of patients have been postponing needed medical or surgical attention, or have been stifling their pride and going to the charity clinic.

"We may take heart." That is more than a plain message of optimism. It is symbolic of medicine's potential new importance in the scheme of things. It reminds us that our situation is far from hopeless, provided we possess the power and the foresight to take the initiative in shaping the destiny of our profession.

Dr. Morgan's words should strike a spark in the consciousness of every one of MEDICAL ECONOMICS' 130,000 readers.

K Sheridan Bakstel

# The Doctor and His

## CHOOSING AN

WHEN the time comes for him to invest in securities, there are three things the physician wants to know:

1. When to buy?
2. When to sell?
3. What securities to consider?

The answers to these questions depend upon the status of the individual investor. He should of course not consider any security purchases or sales unless he has set aside a cash reserve to cover his professional and living expenses for at least six months in advance, and unless he has taken out *adequate* insurance of the several types he requires.

With these obligations properly taken care of, the physician may properly proceed in designing an investment pattern to suit his own personal needs. Whether he is a large investor or a small one, three main avenues of approach lie open to him:

He can be his own advisor. Or, if he prefers not to rely on his own judgment, he can follow the suggestions of his lawyer, banker, or broker. Or, finally, he can employ investment counsel, entrusting himself to the guidance of professional investment specialists.

Suppose we consider the comparative advantages of these three methods.

If the physician decides to advise himself without assistance, he is guilty of the same error made by the patient who administers his own remedies without the direction of a medical practitioner. Self-medication as applied to one's investments is often disastrous. Hit-or-miss methods lacking scientific justification have no place in the program of

a physician whose investment policy is dictated by *reason* rather than by *emotion*. It might even be stated dogmatically that no average individual is fitted to buy and sell securities unless his decisions are based on the counsel of recognized financial experts.

Should the physician decide, therefore, not to act as his own advisor, it is quite possible that, like many of his colleagues, he will turn to his banker, broker, or lawyer for financial advice. Obviously, however, each of these men has his own special job to perform; and *this job is not the determination of investment policies for individuals*.

The banker can usually voice the opinion that Atchison gen. 4s of '95 are sound bonds, or that Auburn Motors is a speculative stock issue. Beyond this, only limited information about securities should be expected from him. He should not be imposed upon and expected to fill the role of a father-confessor for investors.

The broker, also, should not be asked to light the way for the investing public. He, too, has his own job to consider, just as the banker has his. He is in business for the sole purpose of distributing securities and for executing

## Current Policy

Although prices of certain securities now appear favorable in the light of moderate statistical improvement in business, a sustained rally in the general market is unlikely until temporary

# is Investments

ADVISOR • By William Alan Richardson

his customers' orders to buy and sell. He is an agent. Being an agent, he receives commissions. The more transactions, the more commissions. His opinions are seldom unbiased.

Why should any physician who rightfully criticizes the counter-prescribing of medicines by a druggist approve the counter-prescribing of investments by a broker? The analogy is a close one.

Finally, the lawyer. The fact that a man holds a position of authority in the legal field does not presuppose his judgment to be better than that of anyone else who lacks the technical training as well as the facilities and time required for the study of securities. To invest on the advice of a lawyer, merely because of *trust* reposed in him, is irrational.

If, then, he eliminates himself and his banker, broker, and lawyer as possible supervisors of his financial well-being, the physician finally arrives, by intelligent reasoning, at his one and only solution: the professional investment counsel organization.

This type of concern does not in any sense represent a trading service giving day-to-day advices for speculators. Nor is it to be

confused with so-called "tipster" services. On the contrary, its recommendations are made on the basis of scientific economic and statistical analysis.

Investment counsel is a profession. It operates professionally, scientifically, and ethically. The training of its specialists is not unlike that of medical and legal practitioners. Fully as many years of training and as keen judgment are required of them.

Investment counsel organizations are in business to do two things for their clients: to make profits, to prevent losses. If a firm has a successful record, its physician-client, even after paying the required professional fee, can generally settle back with a net profit greater than that obtainable, had he undertaken to pilot his craft without this financial compass.

Disregarding the statistical organization that gathers and publishes financial news, statistics, and other raw material on which its subscribers may base their own opinions—disregarding the speculative trading service whose daily letters and telegraph reports are intended for short-term "in-and-outers"—let us limit our discussion to the professional investment counsel house, as such.

In this field there are two specific kinds of service available: one for large investors, one for small investors.

The physician of means who has, let us say, more than \$20,000, can obtain from most companies what they term a Personal Supervisory Service. This service, as its name implies, is strictly personalized in character. Fees are usually based on a percentage of

## for Investors

fiscal and political uncertainties are clarified. Physicians are advised to retain securities recommended in October; but further stock and bond purchases should be postponed.

the investor's principal fund.

Although considerable latitude exists in the way the two types of service are drawn up, it is customary for small investors to take a so-called Bulletin Service. In so far as it usually permits the investor to obtain a periodic analysis of his complete securities portfolio, this type of service is personalized. For the most part, however, his decisions are based on recommendations given in the Bulletins from week to week. The fee for such a Bulletin Service, instead of being based on the principal value of the investor's funds, costs simply a fixed sum each month or year.

An investment counsel firm conducted along proper lines, ordinarily performs the following functions for both large and small investors:

As a new client is enrolled, he submits his portfolio of securities to the company. The company analyzes the portfolio in detail, and recommends whatever purchases or sales may be necessary to bring it up to date and to restore it to its proper position. Continued

supervision is maintained over the account thereafter, recommendations being given as to what, when, and why, to buy and sell. The company aims to secure on the investments of each client the highest yield and most rapid appreciation in market value commensurate with safety of principal.

No securities are sold by the concern. Its advice is unbiased. And it concentrates on the interpretation of sound statistical and factual data. As said before, full consultation privileges are included with practically all investment counsel services.

The medical man who wishes to investigate the possibilities of investment counsel will do well to make his selection on the advice of someone familiar with the profession and with what it has to offer. In addition, he should make certain, before retaining any particular concern, that it meets the following requirements.



Reproduced here are reports issued to the clients of eleven financial advisory concerns. The list is by no means complete, but it constitutes a diversified cross-section showing

1. The company should not, directly or indirectly, buy, sell, sponsor, or accept commissions on securities. In other words, it should not maintain a supply of bonds and stocks for sale to the public. If its revenues are derived *solely* from its clients, it can be free at all times to offer disinterested advice and to operate with unbiased judgment.

2. The company should not guarantee excessive profits or otherwise imply speculative tendencies. If it does, steer clear of it. The aim of its officers should be to protect their clients' principal at all times, and to secure for them in a conservative manner the most substantial income possible from market enhancement and dividends.

3. The company should not require the client to relinquish physical possession of his securities. At no time should he be restrained in the use of his personal judgment. Which is another

way of saying that he should not have his investing done *for* him, but should do it *himself* on the advice of his investment counsel.

Still another restriction, in my opinion, should be borne in mind by the physician when picking out an investment counsel house. This rule, simply stated, is to select a concern which, instead of *gathering* statistical data for resale to investors, specializes in *interpreting* such data for its clients. It is not within the province of investment counselors to function as *fact-finders*. Rather should they reserve as their own particular and more difficult function the task of being *fact-interpreters*. The first is a business; the second a science.

Summed up, these are the outstanding advantages of investment counsel for the physician: *Impartial* advice by trained investment specialists. *Constant* direction of his investment fund along scientific lines. *All-inclusive treatment* of his investment fund as a single unit, no part of which may be altered without due consideration of its relation to the whole.

**FALL OUTLOOK REPORT**  
September 10, 1932

**Babson's Reports**  
Babson Park, Mass., August 22, 1932

**Wetsel Outlook**

**Standard Trade and Securities**

**MOODY'S INVESTMENT SURVEY**  
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OCTOBER 27, 1932

**BUSINESS SECTION**  
**MONTHLY REVIEW AND OUTLOOK**

**the several types of service available. Roughly classified, the group illustrated shows two statistical, one speculative, three semi-speculative, and five investment services.**

# An Army Career?

By GEORGE B. LAKE, M.D.

Colonel, Medical Reserve Corps

U. S. Army

To the young physician who has largely or wholly financed his own education and needs to become self-supporting at the earliest possible moment, the Army offers an opportunity to step directly from the portals of the medical school into a good living.

To the established practitioner who feels himself caught in the toils of a narrow and tasteless existence, who yearns for a larger, more colorful life, the Army offers a chance for release (provided, of course, that he can pass requirements).

The Army as a medical career is worthy of serious consideration. Romance with remuneration! Adventure subsidized! Medicine with the tribulations of private practice removed!

Come fair weather or foul, good times or bad, the Army Medical Officer's pay and allowances go on just the same. He will never become a plutocrat on his pay; but he will never have to worry about a comfortable living for himself and his family, about whether he can collect the money due him, about overhead for office expenses nor about what will happen if he becomes disabled or infirm with age. If he dies, his family receives half a year's pay at once and may apply for a pension.

\*

Appointments in the Medical Corps of the Army are made in

two ways: through an internship on one of the Army Hospitals certified to give such training, or by appointment from civil life, after passing a competitive examination. The emoluments and privileges are the same in either case.

In order to obtain an Army internship, one must be a graduate of or senior student in a Class A medical school, not over thirty years of age, with a standing (certified to by the dean of his college) in the upper half of his class and recommended as to aptitude for army service by the professor of military science (that's where the R.O.T.C. helps!).

He must be able to pass a rigid physical examination; must also be willing to sign a certificate that, if found qualified at the end of his year, he will accept a commission in the Medical Corps of the Army and serve therein for at least three years from the date of his appointment. Application for appointment should be made to The Surgeon General, U. S. Army, Washington, D. C.

The young physician who possesses all these qualifications and is so fortunate as to have his application accepted, is immediately commissioned in the Medical Reserve Corps and ordered to active duty at one of the following: Walter Reed General Hospital, Washington, D. C.; Letterman General Hospital, San Francisco, Calif.; or the Station Hospital, Fort Sam Houston, Texas.



Walter  
Reed  
Hospital

In all three institutions, the course of training given is equal to that offered to interns in the highest type of civilian hospital.

But here comes the big difference. The minute that lucky young first lieutenant starts to obey his order to active service, he also begins to receive pay, in cash, at the rate of \$2,000 a year, with additional allowances usually amounting to more than half that sum. He is allowed traveling expenses, at the rate of eight cents a mile, from his home to the hospital to which he is ordered.

The physician who is already in practice but who is looking for new worlds to conquer and believes he can find them in the Army, must be between 22 and 31 years old and must make application to take the very rigid physical and equally strenuous and inclusive, competitive professional examinations. The man who will really *prepare* for these examinations can pass them. Requests to take them should be made to The Adjutant General, U. S. Army, Washington, D. C.

If his credentials are found satisfactory, he is invited to appear before an Army Examining Board at a designated time and place. This trip is made at his own expense and he must be prepared to stay a week, for that is the period of the examination. Licentiates of the National Board

of Medical Examiners may be exempted from the professional examination.

If his physical condition and professional knowledge are found to be up to the high standard which the Army maintains, he is commissioned a first lieutenant in the Medical Reserve Corps (if he does not already hold such a commission, which he should) and, immediately upon accepting that commission, receives another in the Medical Corps of the Regular Army and is ordered to the Army Medical School, Washington, D. C., or the Medical Field Service School, Carlisle Barracks, Pa.

Eventually he will land at both places, for an intensive course of postgraduate medico-military instruction—medical at the Army Medical School and military at Carlisle Barracks.

As in the case of the intern, his pay and allowances begin on the day he obeys his order to active duty.

The intern, at the close of his year of instruction, if his record is satisfactory, is commissioned in the Regular Medical Corps and ordered to the Army Medical School and the Medical Field Service School, in turn, for the post-graduate training which will make him an effective *Army officer*, as well as a qualified physician and sanitarian.

So much for the beginning of the Army medical career. What comes after? [TURN TO PAGE 147]

# Everybody's Business

By FLOYD W. PARSONS

**T**HERE will be plenty of scares and much wild talk throughout the nation this winter. But people who are wise will proceed with unshaken courage.

It is a big job to provide relief for ten million unemployed. But the power and wealth of the United States are far from exhausted. Current news is slowly turning good. Employment is always the last of the important factors to show a gain. The election over, undivided attention will once more be directed to business affairs.

More thought must now be given to tomorrow. Where are we headed? What new roads will open before us? What changes will take place in current viewpoints and practices?

The new era now commencing will be founded on careful and continuous technical research. There is no justification whatever for any moratorium on the increase of useful knowledge. Half truths and unorganized facts have been the curse of our nation's existence.

The suggestion that we declare a scientific holiday—close all of our laboratories for a decade to permit humanity to catch up with discovery—is not only impractical and preposterous, but would represent such a disgraceful admission of defeat that the morale of business would be hopelessly destroyed. It would mark the commencement of a retreat that would likely end in a disastrous rout for trade and industry. Corporations pursuing such a policy would soon wake up to find their business gone to others.

The development of research is one of the greatest of American romances. In 1900 we had less than half a dozen research organizations. Now there are more than 1,500. American industry spent \$235,000,000 for the support of technical laboratories in 1930. Eminent European technologists years ago observing the magnitude of American plans for scientific experimentation predicted that our nation would quickly attain leadership in world industry.

Research is now moving at a speed that brooks no interference. About 54,000 patents are granted each year in the United States—one for every 2,770 of our population. Our attitude toward science is more favorable than that of any other people.

Whereas it took a century to develop the basic idea of Michael Faraday and from it create electrical industry, now the same development would take

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the necessary lacquer solvents to take the place of ethyl alcohol. The natural gas and petroleum industries likewise profited because their products became a source of raw materials for the manufacture of a number of new and valuable organic chemicals.

Research in the United States has saved tens of millions of dollars. It has

taken our war gases and other military products and shown us how to use them to kill insect pests, disperse mobs, frustrate robbers, fumigate ships, safeguard crops, preserve timber, recover valuable solvent vapors from the air, purify city water supplies, protect firemen and cover orchards with smoke clouds during the critical frost hours of the night.

Research has given us the X-ray tube with its multitude of uses. It has developed micro-analysis to such a point that by merely drawing the edge of a coin across a microscope slide made of ground glass the streak formed provides a sufficient sample for close analysis. It has



## RESEARCH AND REBUILDING

"Here is the big question today: Can science smooth out our social difficulties and harness human nature as it has physical forces?"

place in five or six years. Note how quickly the radio industry was developed as a result of close cooperation between the scientist and the industrialist. The motor-car business grew to maturity almost as fast.

The creation of a new industry always benefits other lines of enterprise. The speedy expansion of the automobile fostered research in petroleum, metals, rubber, leather, synthetic fabrics and road materials. Due to the necessity of providing a durable finish that could be applied quickly, the paint and varnish industry was completely revolutionized.

Out in the Cornbelt the farmers were benefited because a lot of corn was needed to produce

given us a still which will separate quantitatively a mixture of two liquids whose boiling points are only two degrees apart. It permits the practical use of pressures that extend from such a low point to such a high one that the two extremes of this pressure range are of the order of the diameter of a drop of water as compared to the distance from the earth to the sun.

A few years ago an X-ray tube of 250,000 volts was the limit of achievement. Now the University of Chicago reports contemplated investigations of the structure of matter with a 10,000,000-volt tube.

Not content with having disclosed the protons and the electrons of an atom, science went ahead and discovered the neutron, a sort of new building block of the elements that is closely associated with the cosmic ray. German experiments have developed a method to produce cosmic rays by the transmutation of helium and beryllium into carbon with a tremendous release of energy.

What research has already accomplished is as nothing compared to the veritable miracles it will perform in the years ahead. It will bring us rapidly to the end of the age-old struggle with the wilderness of nature through which we have come. It will disclose amazing possibilities in the field of radiations, and these discoveries will bring us countless new and important technical and social changes.

The action of X-rays upon plant and animal heredity will give us new forms and types of plant and animal life. New octaves of radiation waves, not now understood, will be applied to useful work.

Research may disclose ways and means to forecast the weather months in advance. Twenty-seven nations are now united in a year's drive to collect accurate

information throughout the earth, especially in the polar regions, in order to solve terrestrial mysteries.

The planet Earth is to be put on the examination table. The causes of weather changes are to be run down. The weather and magnetism have always dominated man's ways of living, but with the development of aeronautics and radio, these two major factors have become doubly important.

Only the research worker can satisfy the needs of tomorrow. We must look to him for methods that will give us better and cheaper houses, new patterns of community arrangement, new and useful synthetic materials.

Here is the big question today: Can science smooth out our social difficulties and harness human nature as it has physical forces? Technology, backed by research, promised miracles and made good. Vast quantities of mechanical energy were compressed into thin wires, the human voice was hurled around the world, man-made craft pierced the heavens, and a slow-moving civilization was put on wheels. Everything went well until social and financial engineering got out of step with mechanical engineering.

This makes it clear that the development of human engineering must now become one of the most important of the tasks set before the leaders of science.

Sociology must be taken out of academic lecture rooms into the laboratories. Human nature must be subjected to microscopic examination. Social workers must be trained to work and think as mechanical engineers are trained.

Organizations that have been doing charity work must devote a larger part of their effort to work which will prevent the need of charity, and must be guided largely by the results of their own technical research in the social field.

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## What the "DEAN of AMERICAN MEDICINE" says . . .

DR. WM. H. WELCH, of Johns Hopkins University, considered by a host of medical authorities "The Dean of American Medicine,"\* recently stated at the New York Academy of Medicine:

"Too great economy, as far as health is concerned, because of the current depression, is particularly dangerous to the welfare of growing children. Under-nourishment of children, for example, is not likely to show itself immediately, but is bound to show itself later when it is probably too late to remedy it. The ground lost by under-nourishment in childhood may never be regained."

Physicians everywhere are being told by patients, that because of reduced incomes their family budgets are being slashed. This means reduced diets. It is well to point out in such instances that, in spite of reduced family budgets, the health of growing children must be safeguarded. Often a child needs only the addition of a balanced, prophylactic com-



pound—such as Maltine With Cod Liver Oil—to render an otherwise insufficient diet completely adequate.

In conditions due to deficiency of Vitamins A, B (b<sub>1</sub>), G (b<sub>2</sub>), or D, Maltine With Cod Liver Oil will prove its worth. It is composed of 70% Maltine, a concentrated extract of the nourishing elements of malted barley, wheat and oats—rich in Vitamins B and G—and 30% pure vitamin-tested cod liver oil of high potency in Vitamins A and D. Taken with orange or tomato juice, Vitamin C is added.

Maltine With Cod Liver Oil is biologically standardized and guaranteed to contain four vitamins, A, B (b<sub>1</sub>), G (b<sub>2</sub>), and D. Biological report on request. The Maltine Company, Est. 1875, 30 Vesey Street, New York, N. Y.

**Maltine**  
WITH COD  
LIVER OIL

A CERTIFIED  
AMERICAN MEDICAL ASSN.

\* Taken from Medical Journal and Record

# MISCELLANEA

**B**USINESS activity has increased steadily for two months. Improvement has been felt in textile mills, shoe plants, the steel industry, carloadings, bituminous coal output, and foreign trade. Unemployment is less. The picture is brighter.

Commented the Cleveland Trust Company's Vice-President, Col. Leonard P. Ayres, whose opinions are listened to with respect by business leaders: "These increases are small in amount, but large in significance...they give us sound reason to hope that these evidences of improved conditions mark the long-awaited corner at the bottom of the great depression."

How soon and how much will business improvements bring the cost of living up again? Statisticians figure that rents are now on the level of 1919, that clothing costs a little more than it did in 1916, that 1913 food prices prevail in 1932.

In many hard-hit communities, the depression has brought a return to "payments in kind" for medical services—a load of apples in exchange for a tonsillectomy, painting the doctor's house in payment for a confinement. So far has this practice extended that one large clinic in the Middle West (not the Mayo) has most of its cleaning, painting, and repair work done by patients who owe for services. The idea works pretty well, the clinic reports, but they have to guard against sloppy, careless work.

Physicians are not the only ones who have been finding it

necessary to accept "payments in kind." Even colleges, in some instances, are reported to be accepting farm produce as tuition fees. At one school, a girl arrived on the campus driving nine head of cattle to pay for her freshman enrollment.

Reproduced on this page is a full-page newspaper advertisement paid for by druggists of Greater Boston. It is one of a series campaigning against self-medication. The message underneath the headlines tells the public to seek the advice of the family doctor at the first approach of sickness, discourages the practice of self-diagnosis and dosing with hit-or-miss remedies.

Thirty-two years ago, in 1900, the Federal Government began to collect mortality statistics. Since then the country has been through three major depressions and one war. There have been

Don't "Guess"  
Self Medication Is Dangerous  
it takes  
Scientific Knowledge  
to Properly  
Diagnose Sickness  
DRUGGISTS SPEAK

ups and downs in the death rate, but it has remained to the year 1931 to produce the lowest rate of mortality since records have been kept.

Last year there were 1,318,111 deaths in the death registration area of the United States, or 11.1 per 1,000 population.

Utah was the only State last year to fail to furnish its mortality records.

**Akron, Ohio,** doctors have formed an association called "The Held-Up Club." Every one of its dozen members has looked down the barrel of a gun, heard the words "Stick 'em up!" The club made two additions in one day recently when one physician walked into a drug store that was being held up, and another answered a fake emergency call while on the way to the bank to deposit some collection proceeds.

Tragically enough, one doctor became a member *post-obit*, when he resisted a bandit. The club has an associate member, whose house was invaded by a burglar.

The picture "Arrowsmith" has won four of the eight awards made annually by the Academy of Motion Picture Arts and Sciences: 1. Best Photography; 2. Best Art Direction; 3. Best Motion Picture Adaptation; 4. Best Produced Picture.

**The League of Sons and Daughters of Physicians of Greater New York** is one year old, and has fifty members. The organization began as an auxiliary of the Physicians' Wives' League, which came into being itself six years ago when a group of New York women (wives of physicians) decided that the doctor's family needed organized financial and spiritual protection.

The younger league holds dances, swimming parties, bridge parties. It expects to raise enough funds to award scholarships to

children whose education is interrupted by death or distress in the physician's household.

Members have formed groups—to study journalism, drama, literature, music. The journalism group prints a small monthly newspaper.

**Handier, and costing less than** some other outfits of its kind, is a new "Doctor's Income and Expense Record System" brought out last month by a Midwestern publisher. For \$3, the physician gets: an 8½ by 11 clothbound book with columns for summarizing 140 separate items in which tax collectors are interested; pads for recording cash receipts and earnings (one sheet to a day); a set of instructions for using the outfit.

**Next to the depression in intensity** of discussion among physicians right now, is the yearly-fee plan of medicine—otherwise known as contract practice, guild medicine, medical insurance, etc. Latest application of the idea comes from Sydenham Hospital, New York, which offers hospital care, including food, operating room service, anesthesia, medicines, surgical supplies and service of the house staff, for \$10 per year: *provided*, however, that the subscriber to the plan earn less than \$3,000 a year, that rooms be semi-private, and that such hospital care be limited to 21 days in any one year, anything beyond that being paid for extra.

The ten dollars, of course, does not include the services of the attending physician or surgeon.

A similar plan is being tried out on the West Coast, by the Sisters' Hospital and Sutter Hospital, San Francisco.

**Unfair suits for malpractice** were common enough in normal times. Depression and unemployment invariably bring an increase

# A DIFFERENT PRINCIPLE IN VAGINAL IRRIGATION

PROMPT loosening and removal of obstinate andropy mucus or other vaginal discharges makes LORATE a most effective cleansing and deodorizing agent in Leukorrhea, Cervicitis, Endometritis, etc.

Non-astringent and relaxing, it leaves the patient a sensation of cool, clean comfort. Hence LORATE is an excellent agent to relieve irritation or discomfort after instrumentation and in gravid women.

By all means try this new type of gynecologic adjuvant in your practice. This coupon will bring you samples and literature.

ADVERTISED ONLY TO PHYSICIANS

LORATE COMPANY, INC.  
304 WEST 141ST STREET NEW YORK, N.Y.

Yes, I'll try LORATE. Please send me professional samples and literature.

NAME \_\_\_\_\_

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in the number of sharpers looking for easy prey. Whatever other economies the physician practices, the last thing to be curtailed should be malpractice insurance. So long as he treats patients, no matter how few of them, *and no matter whether they pay or not*, he should be protected against lawsuit.

**The Michigan State Medical Society** has been urging its members to abide by the Society's resolution approving a minimum charge of two dollars for filling out insurance reports.

**The need for establishing closer cooperation between professional pharmacy and medicine** is again emphasized by Dr. Robert H. Riley, director of the Maryland State Department of Health, who says:

If it is true that medical practice is essential to a successful pharmaceutical practice...then it is equally true that pharmaceutical practice is essential to a successful medical practice.

And also by Dr. Eldridge E. Wolff, president of the Medical and Chirurgical Faculty of the University of Maryland, who says:

There are no two professions known between which the ties of good fellowship should exist more closely than between the doctor and the druggist.

A great amount of interest is being shown in the report on "Medical Advertising" just issued by the Julius Rosenwald Fund. The report is presented attractively in a 72-page, paper-bound booklet, and reviews not only health educational advertising by medical societies, but also the Metropolitan Life and Parke-Davis campaigns, the advertising of the Life Extension Institute and the Public Health Institute, and the general philosophy and ethics of medical advertising.

Most of the activities described

have already been discussed in MEDICAL ECONOMICS, which has been a proponent of health publicity by organized medicine for the past nine years. The Julius Rosenwald report gives a competent picture of the whole question, between two covers, forms a sound basis for further progress.

In speaking of advertising, doctors should view with a grateful eye an advertisement like the following which was published recently in Metropolitan newspapers by the Brooklyn Savings Bank.

#### Put An End To The CAUTION Panic

The kind of thrift that puts off paying just debts is not thrift. It is a panic of caution. If you have money in the bank and owe your doctor, your dentist, your tradesman, take some out and start paying something on account. The people you owe will pay the people they owe and the vicious circle of frozen debts will soon be broken. Prosperity will then begin to come out of hiding. You can make your savings account an agency of prosperity as well as protection. What do you think? We'll be glad to know.

It is not suggested that physicians be their own legal advisors, for the same reason that lawyers should not indulge in self-medication, but now that medicine has definitely entered upon an era of business consciousness, the doctor may well add to his library a standard, simplified encyclopedia of law.

Answering this specification is Thomas Conyngton's "Business Law," the 1932 edition of which has just been published by the Ronald Press. The price is \$6; any bookseller can supply it. Its seven hundred pages, fully indexed, tell how to keep out of legal trouble. The language is not technical, is easily understood.

Is the Y.M.C.A. verging toward the practice of medicine

when it advertises, in its current drive for members, the following?—

Too thin? Too fat? Too short?  
Too tall? Too tired? No ambish?  
Then you'll be interested in the "Y"  
Individual Health Service!

This suggests again that organized medicine tell the public something about the dangers of exercising, reducing, taking ultra-violet treatments, without medical direction.

**A casket arrived at the front door of the New York Academy of Medicine last month, was opened, and found to contain not a cadaver, but charts and laboratory specimens.**

It turned out that Dr. H. S. Martland, who was to speak that night on the Academy's Cancer Fortnight program, had looked around for something that would safely transport his demonstration equipment, and finally selected a casket.

**"Courtesy" and "service" are two potent watch-words of business in building good will. When competition is fierce these watch-words are upheld with extraordinary care.** A recent example of this fact comes from the oil industry (where competition is obviously keen). Drivers of Texaco trucks have been given standing orders to stop and assist stalled motorists. Every stop so made is counted upon to clinch a customer for Texaco products.

**Another new "good will" idea** comes from a manufacturer of scales, who had figured out that the one cent dropped into penny weighing machines is worth more than one cent in potential advertising value. Accordingly, the manufacturer is promoting a "health budget plan" among retail stores, whereby customers will be given free weight plus a health record book for making daily entries. This is another in-

dication of the growing health consciousness of the American public.

**Contrary to the expectation** usually voiced by physicians these days is a prediction in Dr. Francis A. Packard's new "History of Medicine in the United States," which expresses the fear that there will soon be a shortage of doctors in America. Dr. Packard's principal basis for this fear is the fact that "many men who possess all the capabilities for becoming excellent physicians are being turned away from our best medical schools."

**A story is going the rounds,** about a Big Business Man who wrote the following letter to twenty doctors in his city:

Sir:  
What can you do for a sore neck? Who are your active clients? How many clients did you lose last year? Do you make a practice of splitting commissions? Outline your method for curing me. Submit a bid giving your minimum charge, an estimate of profits your services will enable me to make, and your complete financial statement.

Yours truly,

The writer of the letter was fond of hiring clerks, buying goods, or selecting an agency to handle this advertising, by means of a questionnaire. So when he woke up one morning with a sore neck, he decided to follow the same method in selecting a physician.

Not one of the twenty doctors replied. Being stubborn, the man suffered for two weeks. Eventually, so the story goes, the pain went away.

**The United States Treasury** stood \$402,000,000 in the red on September 30. Each day that has passed since then, it is estimated, has increased the deficit by \$4,000,000—\$28,000,000 per week.

The doctor, like every other citizen, is wondering about next year's income tax.

# Is Medicine Adrift?

BY A PRACTITIONER  
WHO WANTS TO KNOW

One of the younger readers of MEDICAL ECONOMICS, a physician who has been in practice only one year, wrote the following letter to the Editor. Full of the zeal of youth, yet distressed by perplexities undreamed of in medical school, he asks questions his older colleagues may well try to answer. Read these questions—and see if they don't reflect some of your own unphrased thoughts!

ARE there other youngsters like me, I wonder, who wake up in the night to ponder these vague, stirring, restless thoughts on the many aspects of living a medical life today—over and above the single consideration of being competent to practice?

I suppose I am an enthusiast. The profession of medicine is second to none in my estimation. But where is it going? I honestly believe that never in history have our men been more competent, better educated, yes, even better-motivated than today (which is saying a lot!). It's our *importance* that concerns me.

Why, people worshipped my father—I remember it well. They far from feel that way about me, or about any other physician I know, however great or good he may be. People have just got over caring, that's all.

When they are "good-pay," they are usually so not out of love for the doctor, but out of plain business fairness, which is

quite all right of course. When they are not—well, they are shameless in their demands, ravenous in their criticism, and pig-skinned in their lack of respect. No longer is it a case of "God and then the Doctor"—or am I wrong, and has God, too, followed us down, away down, the scale in public respect?

During my internship, which ended July 1, 1931, I received MEDICAL ECONOMICS every month. I cannot say that I did not read it, for I did—being a voracious reader of everything interesting that I can get my hands on. Yet reading each issue was more a habit of action than a process of truly seeking.

I had read perhaps ten issues with no more than passing curiosity, my chief interest having been directed toward the advertising. In June, however, I read the entire magazine—every word of it—from boredom at first, then with mild interest, and at last in downright astonishment!

For I suddenly realized that I was seeing in print constructive criticism on matters I had come in contact with and heard daily discussed by my fellow physicians. Problems that had been talked over in more or less inarticulate and unweighty terms were now presented to me candidly, concisely, and clearly.

Previously, I had glanced through MEDICAL ECONOMICS, and then thrown it away. But from now on, as long as I live, I am saving each copy, and having the yearly volumes bound.

Not only have I been converted; but, like all proselytes,

# AN IMPROVED TREATMENT OF ARTHRITIS—*A Comparative Test*

In a carefully controlled clinical investigation\* of the comparative merits of Mono-Iodo-Cinchophen (Farastan), Cinchophen and Sodium Salicylate, the following results were obtained:

	FARASTAN GROUP I	Cinchophen GROUP II	Sodium Salicylate GROUP III
Pain:	Complete relief 90% Moderate relief 10%	No relief 90% Slight relief 10%	Complete relief 10% Marked relief 20% Moderate to slight relief 50% No relief 20%
Swelling:	Complete relief 75% Marked reduction 25%	No reduction 75% Slight reduction 25%	Complete reduc- tion 10% Marked reduction 20% Moderate to slight reduction 45% No change 25%
Motion:	Complete restora- tion 80% Marked to moder- ate improvement 20%	Slight improve- ment 20% No improvement 80%	Complete restora- tion 10% Marked improve- ment 20% Moderate to slight 40% No improvement 30%

REG. U. S.

**FARASTAN**

PAT. OFF.

MONO-IODO-CINCHOPHEN  
COMPOUND

The author concludes that the marked relief of pain, reduction of swelling and restoration of motion is apparently due to the combined effect of cinchophen and iodine, made possible in the formula of Farastan.

May we send you latest digest of published work and full size package for clinical trial.

\*P. G. Potenciano, Med. Jr. & Rec., Feb. 18, 1930.

The Laboratories of  
**THE FARASTAN COMPANY**  
137 South 11th Street Philadelphia, Pa.

I have fallen hard! The possibilities which such an organ as MEDICAL ECONOMICS represents to the medical profession, as a medium of discussion, strike me as being tremendous.

Discussion must lead to action. Being a medical youngster, I can feel even more strongly than some of my elders, perhaps, the need for getting the ball rolling.

And by rolling, I mean rolling in the direction of improvement. Admitting the vastly more difficult job of pushing anything up, rather than letting things take their course down, the profession must tackle the job with determination. Not only our importance, but our very existence as a profession may be at stake.

There is a simple story I remember from my younger school days. It concerns the ease with which any blundering idiot can break *single* sticks, contrasted with the chagrin he experiences when trying his hand at a *bundle* of the same sticks.

You all remember the story. It symbolizes my view of the medical profession. Aren't we, too, like so many *single* sticks, being snapped between the fingers of lawyers, politicians, welfare agencies, charities (?), health centers, the hospitals, and our very patients?

Are we not, in fact, more or less at the mercy of everyone and everything? (Take the depression, for instance.) I say "more or less" because there are some of the *big* sticks, the established, brilliant men of our calling, who can weather these difficulties on the basis of their past laurels. But will they be immune, say, fifty years from now? *I don't think so.*

Unless something can be done about this retrogression in the ranks, we are doomed to relegation among the less important cogs of this machine called Civilization. As a matter of fact, being a cog doesn't worry me in the slightest. Nor would I pity

the profession if it also should become a cog. BUT, I want it to be an *important* cog in the world's mechanism—analagous, let us say, to the sino-auricular mode in the cardiac economy.

I am far from being a radical; nor is it entirely of my personal worries that I am thinking. I am practically certain of a satisfactory yearly increment of patients, and at least a moderate local success. Moreover, I have found that I can sublimate successfully in certain other outlets than my professional life—provided such outlets are necessary.

No, it is not my personal life that compels me to be something more than a single stick. Rather is it the fact that I come from a family of medical men. My father and my two uncles were M.D.'s. What's more, I want my son to be an M.D., and I want his son to be an M. D.

*Isn't it fitting, then, that I should do what I can for them as well as for those other fellows who will step into your and my shoes when we pass on?*

I have read the poem "To the Fellow (doctor) Who Takes My Place"—have you? It's no masterpiece of literature; but if you feel as I do, you'll get a thrill out of it!

The first few lines of this poem, you may remember, were:

Here is a toast that I want to drink  
To a fellow I'll never know,  
To the fellow who's going to take  
my place  
When it's time for me to go.  
I've wondered what kind of a chap  
he'll be;  
I've wished I could take his hand,  
Just to whisper, "I wish you well,  
old man."  
In a way that he'll understand.

After all, why should we not continue to become more capable, more cultured, more influential, more successful, less worried, and less plagued, than ever before?

I believe it *can* be done, although so far nothing very start-

# 4 New Concentrated

## Vitamin A alone

**Name:** Smaco Caritol. Product No. 505.

**Description:** Caritol is a 0.3% solution of carotene in bland oil, providing a safe, palatable and convenient concentration of vitamin A for therapeutic use.

**Taste:** Entire absence of all fishy taste makes it acceptable to your patients.

**Color:** Deep red, due to carotene.

**Potency:** Ten drops contain one thousand International Units of vitamin A.

**Dosage:** Three to five drops daily for infants and young children. Five to ten drops daily for adults.

**Package:** 15 c. c. dropper-top, protectively-colored, in special cartons to shield it from the light.

**Cost:** Because of its high potency and the small doses required, it is an inexpensive source of vitamin A, in spite of the fact that it is the *only* product containing vitamin A *alone*.

**Indications:** For conditions caused by vitamin A deficiency and cured or prevented by adequate vitamin A or carotene dosage.

## New Vitamin Therapy Possible

Up to this time it has not been possible to prescribe vitamin A *alone*, as in cases where vitamin D is not required or is already supplied by sunshine, ultraviolet light, viosterol, etc. Smaco Caritol makes possible the administration of Primary Vitamin A in drop doses, thus permitting the physician to regulate the dosage to meet individual requirements.

Smaco Vitamin D is natural vitamin D. It is not an irradiated oil and not a cod liver oil concentrate, but rather a highly potent extract of the antirachitic principle of cod liver oil. It is produced for therapeutic use by methods [Zucker Process] developed in the department of Pathology of the College of Physicians and Surgeons of Columbia University.

## Vitamin D alone

**Name:** Smaco Concentrated Vitamin D. Product No. 515.

**Description:** This product is Natural Vitamin D, being a highly potent extract of the antirachitic principle of cod liver oil.

**Taste:** Palatable and free from objectionable taste.

**Color:** Nearly colorless.

**Potency:** Ten drops are equal in vitamin D potency to three teaspoons of standard potent cod liver oil.

**Dosage:** Average prophylactic dose, ten drops daily. Average curative dose, fifteen to thirty drops daily, depending on severity of case.

**Package:** 5 c. c. and 50 c. c. protectively-colored bottles.

**Cost:** Approximately the same as that current for equivalent vitamin D dosages of plain cod liver oil.

**Indications:** For the prevention or cure of rickets and spasmophilia, and wherever vitamin D therapy is required, such as tetany and osteomalacia.



It now becomes possible with these new Smaco concentrated vitamin products to prescribe vitamin A alone, vitamin D alone, or vitamins A and D together, in drop dosages and *palatable* form, thus permitting the physician to prescribe any desired potency of these vitamins and any desired combination.

Smaco Cod Liver Oil, fortified with primary vitamin A and natural vitamin D, is available for those physicians who prefer to prescribe cod liver oil. This Smaco product has two outstanding advantages, namely—the cost is approximately *one-half* as much as the same vitamin content of plain cod liver oil, and only *one-third* the dosage is required.

ling is *being* done. About all we hear and see are a few vague mumblings, a few uneasy stirrings—all more or less solved by a "Good day!"

Still pursuing the bundle-of-sticks idea as the logical way out for the medical profession, why can't we create an association—even an unorganized one—for the economic advancement of physicians? Need there be any encroachment upon the activities of the county, State and national medical societies, or conflict with them? Even though a tangible association, an established society, is still to be thought of

as a development of the future, can we not in the meantime at least be working toward this end?

Let us not be concerned just now with the details of organization, with a building, officers, a constitution, or such. Far more important is a recognized *purpose* to guide us.

Doesn't MEDICAL ECONOMICS offer the solution? Its pages are open for the discussion of our problems. Let's air them! Let's *all* air them! By coordinating our ideas in this way, results will be definite instead of blurred.

Isn't this our chance to institute a trend?

## Nurses' gain is M. D.s' loss

**P**HYSICIANS bear the brunt of the work in training student nurses, being relied upon more than any other teaching group, says the Committee on the Grading of Nursing Schools.

After investigating the records of 1,379 schools of nursing, it reports that 16,500 physicians lecture to student nurses, or act as instructors in schools of nursing, in the United States.

The nursing school faculty often contains no regular instructor, as such. Forty-two per cent, or 590, of the schools reported that they employ no instructor.

The largest groups of schools have from six to fifteen physicians on the teaching staffs; 82 schools have eight; 81 schools have ten; 84 schools have thirteen; 81 schools have fifteen. The range is from one to fifty physicians per school.

About three per cent, or 522, of the physicians who teach are paid for their services. In most cases payment is small. Three or five dollars for a lecture is the most common rate. In a Maryland school, for example, two of the 21 physicians listed as instructors received pay, \$50 and \$40, for the term. In some cases the fee is considerable. One Boston physician receives \$2,000 a year for his lectures.

The Committee on the Grading of Nursing Schools in general recommends the policy of payment for all teaching.

*The fifteen year clinical preference* ON  
**for TOLYSIN . . .**

**I**N FACT, every clinician who has made comparisons of drug medication in arthritis has observed and noted the semi-specific relief afforded by drugs of the cinchoninic series.

Of these, Tolysin has merited the preference which has been accorded it because of its distinctly superior therapeutic value as an analgesic and antipyretic and because of its acceptability to patients.

Tolysin is not an acid and does not become one in the stomach. It is a *tasteless, neutral ester*, not of cinchophen, but of paramethylphenylcinchoninic acid.

As such, it is well tolerated, having a \*therapeutic range well beyond that of Aspirin—a fact which should establish the relative safety with which it may be employed.

Samples are available for those physicians who have yet to experience its fine qualities.

\*Based upon toxicity tests on dogs by Barbour and Losinsky, the Journal of Laboratory and Clinical Medicine, Vol. VIII, pp. 217-225.

PHARMACEUTICAL  
A UNIT OF AMERICAN

**Calco**

DIVISION  
CYANAMID COMPANY

THE CALCO CHEMICAL COMPANY, BOUND BROOK, N. J.

**TOLYSIN**

Ethyl Ester of Paramethylphenylcinchoninic Acid  
ANTIPYRETIC and ANALGESIC

# We Save Two Cents on Every Statement

By CLAYTON M. BOND

Business Manager

Sheboygan (Wisc.) Clinic

**H**ERE is a new idea for mailing statements, which we have adopted recently in our clinic, with considerable saving on postage.

The idea enables us to save 66 2/3% on statement postage, a real saving, as any physician will admit these days, particularly when several statements must frequently be sent to collect one account.

With the adoption of the three-cent postal rate on letters, the monthly outlay for stamps assumes an imposing total in our budget.

Section 384½ of the Postal Laws and Regulations provides that a form known as the Business Reply Postcard can be printed and used by

anybody who takes out a permit at the local post office. This form is simply a double post-card, one half of which can be

<b>THE SHEBOYGAN CLINIC</b> 1005 N. 8TH ST., PHONE 2700 SHEBOYGAN, WIS.	
To Professional Services Rendered to Date	
	25 00
Itemized statement upon request	
<div style="border: 1px solid black; padding: 2px;">           FIRST CLASS            PERMIT NO. 80            (REC. 384½ P. L. &amp; R.)            SHEBOYGAN, WIS.         </div>	
<b>BUSINESS REPLY CARD</b> <small>NO POSTAGE STAMP NECESSARY IF MAILED IN THE UNITED STATES</small>	
<b>2c POSTAGE WILL BE PAID BY—</b>	
<b>THE SHEBOYGAN CLINIC</b> 1005 NORTH EIGHTH STREET SHEBOYGAN, WISCONSIN	

This postcard statement takes a one-cent stamp.

*Easy  
to  
Dispense*

*Oxiphen!*

*Easy  
to  
Swallow*

## An Aid in Re-establishing Normal Intestinal Function

Ideally suited to the procedure advocated by Fantus, of re-establishing normal functions through the administration of descending dosages.

### Constituents and Action

**OXGALL**—The bile is the only reliable chologogue known. In the liver it increases the secretion of both the liquids and solids of the bile. (Cushny.)

**PHENOLPHTHALEIN**—A mildly acting cathartic . . . producing large, soft discharges without much griping. (U. S. Disp.)

**CASCARA**—Not only increases the secretions of the gastro-intestinal canal, but because of its bitterness acts as a tonic, improves appetite and digestion. (Gant.)

**ALOIN**—Its cathartic action is due to a stimulation of peristalsis, especially of the lower bowel . . . Many believe it possesses a direct tonic action . . . encouraging a restoration toward normal conditions. (U. S. Disp.)

PITMAN-MOORE CO.  
Indianapolis

Send me a clinical sample of Oxiphen.

PITMAN-MOORE  
COMPANY  
INDIANAPOLIS

M. D.

City

State

torn off and returned by the addressee at the sender's expense. The cost of mailing the whole card is one cent; if the return-half comes back, the permit-holder pays the post office two cents.

Recently we learned that commercial establishments in the State of Wisconsin were using the Business Reply Card form for mailing statements. Upon inquiry at the local post office we learned that the Third Assistant Postmaster at Washington had issued the following ruling on the legality of this use:

Double or reply cards, the reply portion being in the form of a business reply card, each portion of which conforms in size, etc., to the conditions prescribed by section 383, Postal Laws and Regulations, for single cards, when bearing on the initial portion a written statement of account, are chargeable with one cent postage each to be prepaid on the initial portion, provided the distributor holds a permit to send out business reply cards for return under section 384½, P. L. & R., and provided further that a single plain paper sticker is used to hold together the bottom edges of the cards when bearing messages showing past due accounts.

The illustrations explain how we have adapted the idea to our purpose. On one side of the card,

the amount owed by the patient is typed in the column, as shown. The other side of the same half is addressed to the patient, and a one-cent stamp is affixed. The card is then folded so as to cover the amount owed, and one sticker is attached to the bottom edges to keep the card folded.

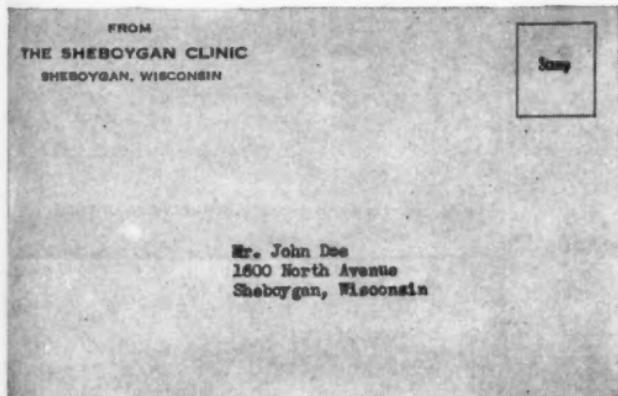
For our purpose, the only advantage of using the Business Reply Card is this ability to conceal the statement itself from the eyes of anyone but the addressee. Even with the use of a sticker, however, notations of a dunning nature are strictly prohibited by the Postal Laws and Regulations.

Of course some additional cost was involved in having the forms printed; yet the additional cost per card, over the combined cost of an envelope and printed statement, is practically negligible. The eventual total saving in postage is enormous.

And then there is the additional advantage that the return-half of the postcard may suggest to the patient that an immediate answer of some sort is desired, and even though he does not pen his explanation or promise on the back of the card, at least there is a chance that some action on his part will be stimulated.

As I see it, the only possible objection to the idea might be that such statements are not professional enough. However, we have had no criticisms so far.

During these times a physician may be willing to swallow a small amount of his professional pride for the sake of economy.



This is the card folded. Only one sticker, attached directly below the address, should be used to hold the card closed. The portion of the card showing the statement is on the inside, out of sight.

# TWO ESSENTIAL FEATURES

## *In a Cod Liver Oil . . .*

1. **High Vitamin Potency.** Patch's Flavored Cod Liver Oil carries a definite guarantee of high vitamin potency in both A and D.
2. **Palatability.** Patch's Cod Liver Oil is specially flavored so as to render it easy of acceptance to even the most finicky of patients.

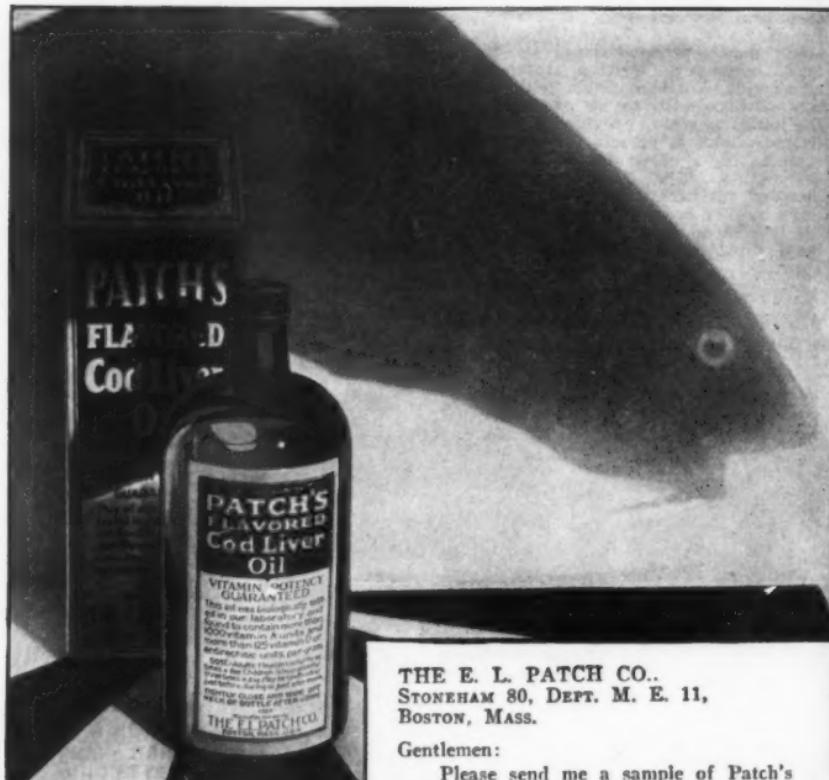
The house of Patch has specialized in the manufacture of cod liver oil for

many years. This good old New England product owes its potency and acceptability to the use of better methods for cooking, chilling, blending, assaying and flavoring.

Note the Guarantee of Potency which appears on every bottle of Patch's. Confirm its palatability by making a personal test at our expense. The coupon brings you a trial size bottle with our compliments.

**THE E. L. PATCH COMPANY,**

**BOSTON, MASS.**



THE E. L. PATCH CO.  
STONEHAM 80, DEPT. M. E. 11,  
BOSTON, MASS.

Gentlemen:

Please send me a sample of Patch's Flavored Cod Liver Oil and literature.

Dr. ....

Address .....



SH

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# Shipmates

## TWO EX-SAILOR M.D.'S SWAP REMINISCENCES

Back in 1896, they were shipmates on the old training ship, Saratoga. Afterwards they became physicians, did not see or hear of each other for 36 years. Then they were brought together by an article in MEDICAL ECONOMICS!

Dr. Donald McCaskey, New York, and Dr. G. A. Davies, Elmer, N. J. have very kindly given permission to reproduce their following exchange of sea yarns, which will interest more than a few readers, whether landsmen or sailors.

DEAR Mac:

On looking through MEDICAL ECONOMICS for June, I saw your article telling about your experiences as a country doctor in Lancaster County, Pennsylvania. It thrilled me to know that you are alive and active. Your name brought back memories to me which none of us who furled sail on the old Saratoga easily forgets. I have a picture of the old ship hanging in my office...

G. A. Davies.

Dear George:

Of all the delightful surprises to sweep in to me through the mail, your letter marks the biggest thrill yet.

"Georgie Davies!"—I can still hear old Santina sing out in that inimitable voice of his up in the fo'c'sle as we would pump the

water to wash down decks after our clothes-scrub.

Memories, memories, and here I find you are a physician, practicing in Elmer, New Jersey, not four hours away. I can't quite get used to the realization that you are not an apparition.

Mac.

DEAR Mac:

Do you remember when the jib-boom carried away? I was on lookout at the time, and it sounded to me as if the whole foremast had gone. I can still hear old Manuel Strats hail: "All hands on deck!" I can see him now, resembling the pirates of a Robert Louis Stevenson novel.

The training aboard the school ship has been invaluable to us through life. Even the smaller lessons come in handy. For many years I did surgery and gynecology; and many a time while putting up a complicated fracture, with extension, I have used a clove hitch or a bowline.

And what changes have taken place since then! What would our old skipper have said to steering a ship by radio, with not a soul on board? We dare not predict today what is, or is not, possible tomorrow.

And speaking of predictions, who would have guessed that Hartley (remember Hartley's No. 5 Mess?) was to become captain of the Leviathan and commodore of the U. S. Lines?

George.

DEAR Georgie:

The other day I was talking to

# NORFORMS



## THE IDEAL FORMULA



... in the  
ideal form  
for vaginal  
prophylaxis

The form of Norforms is one of their inherent advantages. Convenient, requiring no apparatus for application, Norform suppositories are standardized and unvarying. A further Norforms advantage is that their antiseptic ingredients are not only non-irritating, but the vehicle itself is definitely soothing to inflamed and sensitive tissues.



**Norforms** provide a stable, non-irritating antiseptic in a form adapted to prolonged and effective contact with the vaginal area. Indicated for leucorrhea, vaginitis and cervicitis as well as for general vaginal prophylaxis.

THE NORWICH PHARMACAL CO.  
Norwich, N.Y. *Makers of Unguentines*

November, 1932

71

Cameron King, who broadcasts sea-going stories over station NBC. He came into the office to see an old picture of the Saratoga, with her studding sails set and drawing both port and starboard. While he was here I told him about Jack Riley's hard-boiled, commanding voice when we kids had to look alive on deck in a storm and take in sail.

He caught the meaning and said he would use some of the stuff on Bo's'n Riley one of these days.

You, too, can probably remember old Jack Riley's voice. In a bad blow, after he had ordered "STAND BY THE TOPSAIL HALYARDS!"—and the blow would get worse and worse with the barometer going down and down—and then from the horse block he would get the order.

*What old Saratoga boy still lives*, who cannot still hear old Jack Riley sing out: "SETTLE A-WA-A-AY the TOPS'L-L-L-L HALYARDS!!!"—followed almost immediately with "LAY ALOFT AND FURL THE TOPS'L'S."

Why is it that in spite of all the brutal dangers of deep-sea going, the despair and bitter suffering from fatigue and wet and cold, the dulling, deadly monotony of routine, the endless battle with those ruthless, mountain-high waves, and then the cold, cutting wind that snarls and roars and disintegrates the very skin cells of a man's toughened epidermis, so as to bring blood to his benumbed finger surfaces—*why* is it, I ask again, that those of us who have once enjoyed the drift of youthful adventure, still yearn to feel the kick of a ship's wheel in a blow and the handling of her bellied canvas?

Mac.

Dear Mac:

Tonight, I'm going to light up my pipe and gaze at some of the "pictures that hang on memory's wall," as the poet says. It seems

but recently, rather than many years ago, that you and I put out to sea in the Saratoga.

How well I remember my first sight of salt water in motion. It was off Cape Hatteras, that graveyard of ships, where I learned what a gale at sea really means. I was sent to relieve at the wheel with a seasoned old shell-back and to see those green monsters, commonly called waves, come rolling over the quarter-deck, sometimes giving the two of us at the wheel a cold shower. It gave me a great thrill.

I knew at the time I was of little or no use at that wheel, for I could merely hang on while the old salt kept the ship on her course. I could get a good view of the crew running up the rigging, like so many monkeys, following the order: "*Lay aloft and furl-l-l sail!*"

On turning in that night, I had not been long in my hammock, when I felt that queer feeling coming on—most of us went through it. I can see myself now, sliding from one side to the other at each roll of the ship, like a water cask adrift. Next day—sitting on deck with the energy of a jelly-fish, a weak and empty stomach, that "intussusception" feeling, and a headache,—what a relief to have some lad, fresh as a daisy, come along and sing:

*Oh, Mister Captain, stop the ship;  
I want to get out and walk.  
I feel so flippity-floppity-flip;  
I'll never see New York.  
Oh, Mister Captain stop the ship;  
I'm sick of the raging main.  
Hey, hey, hey, call me a cab  
To take me home again.*

Many times have I passed old Cape Hatteras since those days, on a Clyde or a Merchants and Miners steamer, and thought of my first experience there.

But that was all soon forgotten; and on later occasions the

## More Effective--Safe! In Colds and Rheumatism

Because they combine the important factor of *safety* with powerful analgesic anti-febrile effects, the salicylates continue to offer the classical treatment for rheumatic and arthritic conditions, as well as the physician's best weapon for fighting colds and influenza.

However, it is important to note that modern medical opinion stresses the need for combining alkalis with salicylates as assurance of optimum results and better tolerance.



Hence the introduction of

# A LYCIN

Alycin combines the therapeutic advantages of Merrell's Natural Salicylates—increased tolerance even in massive dosage—with the correct proportion of a carefully balanced alkaline base to secure safe and effective alkalinization.

Combined with the properties of easy tolerance, effectiveness and safety, Alycin offers the further important advantage of economy to the patient—two prescriptions in one product.

Let us send you a trial size package with our compliments for a clinical test.

**THE WM. S. MERRELL CO.  
Cincinnati, U.S.A.**



**THE WM. S. MERRELL CO.,  
Cincinnati, Ohio. Dept. M. E. 11**  
Gentlemen: Send me a package of  
ALYCIN for clinical trial.

Dr. ....

Address .....

old ship could roll until the bell tolled, or pitch her bow into a head sea, and we never noticed it. We even slept the sounder while "rocked in the cradle of the deep."

Did you ever know that I nearly caused a "compound fracture" of the main upper tops'l yard? Before I hardly knew the ropes, I was told by the mess captain one dark night (the dark night was a lucky break for me) to stand by to lower away the main tops'l yard and to listen out for the order to do so. I stood by. And then, when the order came through, accompanied by the shriek of the wind in the rigging: "LET GO THE MAIN TOPS'L HALYARD!!"—I threw the halyard off the pin and, believe me, that yard came down *on the run!*

No half way business of easing her away; I got it over in a hurry. A resounding CRASH and the old yard showed her strength. She never parted. Didn't even strain a ligament. Then came the fireworks: "WHO LET GO THAT ROPE?" I thought I needed exercise, so I strolled to another part of the deck and kept silent. My mess captain later explained to me how to ease away a halyard; but he never "blew" on me.

But those days were not all stormy, were they? Plenty of calm on our cruise from the Madeira Islands to Philadelphia—thirty-four days at sea on hard-tack and "salt horse." How good the land looked when we sighted Delaware Bay!

Well, old shipmate, how the memories come floating along, like the Portuguese Men o' War in the Gulf Stream! Those who "go down to the sea in steam" have some thrilling experiences; but there's a certain something they miss. The old wooden sailing vessel, under full sail in a seven-knot wind—is there a prettier sight to an old tar?

Oh, yes, and those old time deep sea sailors' chanteys! Remember this one?

*"Twas on a Black Baller  
I first heard the caller  
Sing, "Heave ho, blow the  
man down!  
Blow the man down; blow  
the man down.  
Oh, give me some time to  
blow the man down!"*

No sense to it, to a landsman. But how could a Jack Tar of thirty to forty years ago haul *properly* on a main sheet without a good chantey. Of course he couldn't (or at least so he thought). Maybe he was right at that, for when a gang of fifteen or twenty tars hauled on a sheet or halyard, with a chantey going strong, there was real timing. Rhythm is necessary in golf, why not on a main sheet?

Here's another picture: Crew exhausted from a hard night of "ROUSE OUT THE WATCH; TAKE IN STUNS'L'S!"—to be followed in fifteen minutes (so it seemed) with "ROUSE OUT; SET STUNS'L'S!"

Then some "sea lawyer" would quote:

*Six days shalt thou labor  
And do all thou art able;  
And on the Seventh Day,  
Holystone the deck and  
scrape the cable.*

Well, here comes the order to "bout ship," so I must belay my jaw 'n' tackle. We're coming about, so listen to the chantey:

*Take it back; take in the  
slack.  
Take it to the capstan; heave  
a pawl.. HEAVE A  
PAWL  
About ship, stations boys, be  
handy.  
Rise tacks and sheets and...  
MAINS'L HAUL!*

So long, Mac. Eight bells. Time to turn in.  
Your old shipmate,  
George.

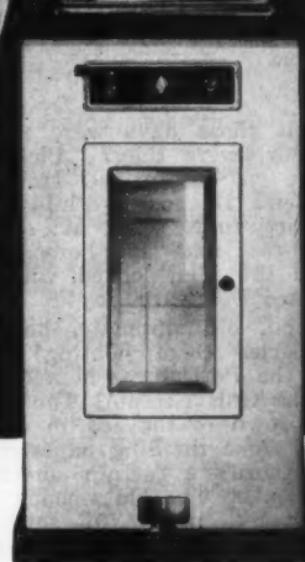
## TIME FLIES

and most sterilizers soon wear out. Pelton Sterilizers alone have the 3-Year Free Service Guarantee—your assurance in advance of the service you expect.

**PELTON**  
THE ONLY  
**STERILIZER**  
**3** WITH A  
YEAR  
GUARANTEE

ASK YOUR DEALER for details of the  
**PELTON DUPLEX**  
**\$96<sup>00</sup>**

THE PELTON & CRANE CO., DETROIT



# An Electrically Operated Clinic

EVEN TO HEATING AND COOKING

By Victor Cahalin

THE Belvedere Gardens Clinic in Los Angeles is interesting particularly from the standpoint of its electrification. This two story building of early California architecture, with interior finish and arrangement in harmony with the period design, is heated and ventilated electrically, the temperature being kept at 68 degrees constantly by electricaly controlled apparatus.

The various operating and treatment rooms have a great variety of electric equipment. Each operating room, treatment room and both the two-bed recovery wards have special lighting arrangements. There are

portable electric sterilizers in each of the operating and treatment rooms. There also is a special sterilizer room where a large electrically operated sterilizer has been installed.

The laboratory has several electric ovens, an electric still, sterilizer, refrigerator and centrifuge.

There are numerous electric fans throughout the building and

**Laboratory of the Belvedere Gardens Clinic, Los Angeles. The grid in the foreground shields an electric heater-ventilator.**



This sample package of  
**CAPSULES DIGITALIS**  
**DUO-TEST "McNEIL"** (3 weeks' treatment)  
**IS YOURS FOR TRIAL**  
*Just use the coupon*



MANY thousands of physicians are now using Digitalis *Duo-Test "McNeil"* because of its uniformity. It is tested and check-tested at regular intervals by the official frog method and by the Reed-Vanderklee Guineo Pig Method.

**Digitalis Duo-Test "McNeil" is so uniform in potency that it can be used as a positive test for the reaction of the patient to Digitalis.**

Capsules and Tincture Digitalis *Duo-Test "McNeil"* have been passed by the Council on Pharmacy and Chemistry of the American Medical Association.

ROBERT McNEIL • Pharmaceuticals • Surgical Specialties • Philadelphia, Pa.

ROBERT McNEIL

2900 N. Seventeenth St., Philadelphia, Pa.

Gentlemen: Send me three weeks trial sample of Capsules Digitalis Leaves *Duo-Test "McNeil"*.

Name..... Address.....

Dealer's Name.....



M E I I

many of the rooms have electric clocks.

Serums which require a carefully controlled temperature are kept in automatic, electrically regulated refrigerators.

The communication system includes telephones to each room in the building, and outside lines for general use. An emergency lighting supply has been provided for by direct connection with lines outside the building.

Five large transformers have been installed in one of the basement rooms, together with the necessary switching equipment.

The building is constructed of large white cement blocks and roofed with California tile. It contains more than 20,000 square feet of floor space and is erected on a corner lot 250 by 300 feet. Cocos plumosos (tropical coconut trees), a low green hedge, and a blue grass lawn form a garden in keeping with the style of the architecture.

The interior is treated in accordance with the use made of the different sections. The lobby follows the Spanish style of

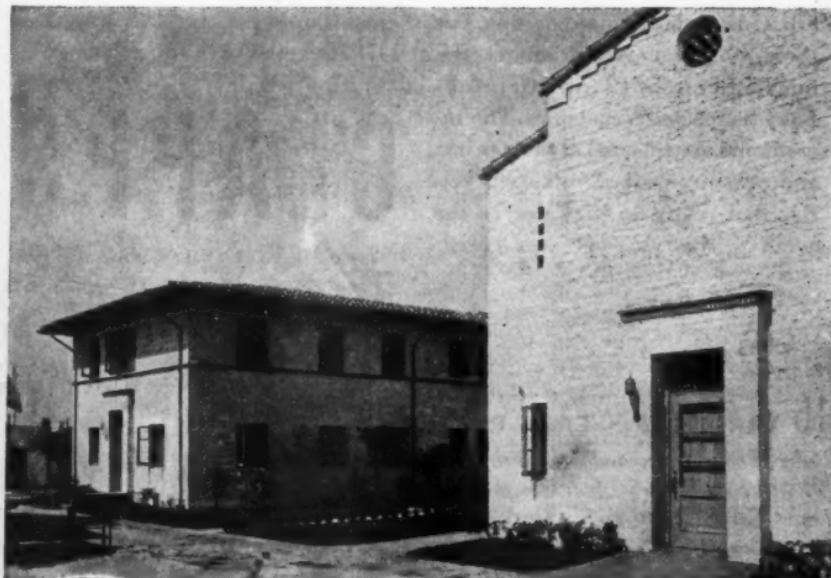
architecture with hand made Padre-tile floors, walls of texture plaster, and the ceiling of exposed redwood beams.

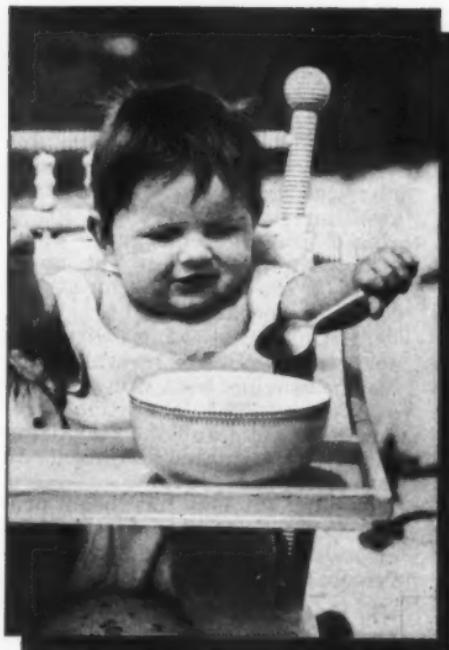
Wards, operating rooms, clinic offices, and the kitchen are finished with hospital white walls. Physical therapy and wash rooms are lined with white and green glazed tile. The emergency operating room, located in the north wing of the building, contains a scialytic operating light.

In the same wing with the operating room are several wards which provide beds for temporary cases. The operation preparatory room and the sterilizing room are situated adjacent to the emergency room.

A diet kitchen has been provided, where foods are cooked by electricity and are kept in refrigeration by the same power.

**Court and rear entrance to the Belvedere Gardens Clinic, showing typical California architecture. Drive is for ambulance and emergency admittances.**





Home-prepared vegetables often vary widely in nourishment because the vegetables themselves vary in quality and freshness and because vital food elements are lost in the usual methods of home cooking. But there is no guesswork about the nourishment of Clapp's *Original Baby Soups and Vegetables*. The ingredients are selected at their prime and pressure-cooked in closed kettles that retain in high degree the

mineral salts and vitamins. One reason why they are prescribed by more than 15,000 physicians.

Send for free booklet, "Strained Vegetables in Infant Feeding." Address Harold H. Clapp, Inc., Dept. R-4 1328 University Ave., Rochester, N.Y.

**CLAPP'S**  
*the  
original*

**16 VARIETIES • EACH PACKED IN GLASS**

Baby Soup (strained) • Baby Soup (unstrained)  
Wheatheart Soup • Liver Soup • Beef Broth • Wheatheart Cereal • Spinach • Carrots • Peas • Asparagus Tomatoes • Beets • Wax Beans • Prune Pulp • Apricot Pulp • Apple Sauce.



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# "Caveat Emptor"

## GET THE SALESMAN'S PROMISE IN WRITING

By Ross Dudley

DO you believe everything a salesman tells you? To this question, the average physician will answer NO—vehemently and finally.

But in the privacy of his own office, listening to a convincing high-pressure talk, is he still so vehement in his skepticism?

I do not subscribe to the oft-repeated dictum that the medical practitioner is by nature an easier prey to high-pressure sales methods than the business man. Under the spell of a shrewd sales conversation, either one is likely to succumb unwisely. There is, however, this difference: The business man has more opportunities to observe sales methods and tactics, to follow the various "schools" of salesmanship as they come into vogue. The physician has fewer business contacts. The trick that fooled him last year may appear in new dress this year—and fool him again!

As a lawyer, therefore, I am glad to pass along this free advice:

1. *Regard any promise made by a salesman, no matter how reasonable or convincing it sounds, with a liberal amount of skepticism.*

2. *If your dependence upon a salesman's promise involves any considerable amount of money, insist that it be put in writing.*

One of the questions that comes to mind in this connection is the extent to which a company is

liable for the promises of its salesmen concerning its products. Witness the following conversation that took place between a heating equipment salesman and a physician in my own town last fall:

"Yes, Doctor, the Blank Gadget will save you at least \$50 a year in fuel cost. It is the greatest thing out. There's nothing like it. You have a modern home; you should have modern heating equipment."

"But how can I be sure it will save me money," asked the physician.

"Doctor, this device won't cost you a nickel if it fails to give absolute satisfaction. Why, think of that \$50 saving every year! That's a conservative estimate. I haven't a doubt it will save you a lot more."

Relying on the word of the salesman, the doctor made out a check to the Blank Gadget Company, and the device was delivered. The \$50 saving turned out to be a myth. His heating bill last winter was just as high as it had ever been.

When the physician came to my office to find out what action he might take in recovering his loss, there was little encouragement I could offer.

"Representations of this kind," I explained to him, "are legally termed 'puffing' or 'dealer talk.' They do not provide sufficient

**\$25**



## came the COLD!

When the cold weather sets in you will be treating many more cases of cervical disorders. Your patients will prefer a simple office treatment to hospitalization.

### THE COMPREX CAUTERY

has been designed for office use and is completely efficient and adequate for cervical cauterization, and all office cauterization procedures.

No anesthetic, hemorrhage or post-operative pain are factors in office treatment that will be appreciated by your patients.

The first one or two cases will pay the astonishingly low price of this equipment. . . . . **\$25.00**

Ask your dealer for the new Leavenworth technique and description of electrodes for cervical cauterization.

*Guaranteed by*

**COMPREX OSCILLATOR CORPORATION**

F. C. WAPPLER, Pres.

450 Whitlock Ave., New York City

grounds for rescinding a contract."

Sadly I pointed out to him what one court had already decreed:

It is a well-known rule of law that false representations which are sufficient to justify the rescission of a contract must be as to material facts. Mere matters of opinion, between parties dealing upon equal terms, though falsely made, are not sufficient. Exaggerations or commendations of articles offered for sale will not avoid a contract. It has been held that such conduct may be reprehensible, but the law does not hold parties responsible for the truth or falsity of expressions of opinion as to values where no special confidence as to the merits of the article offered for sale is reposed and mere puffings and exaggerations are not sufficient to avoid a contract.

General speaking, laudatory statements, unfulfilled predictions, or erroneous conjectures as to future financial rewards, do not constitute fraud. When both parties have all the facts before them upon which to base their judgment, and the buyer is experienced in that business, one person's guess is probably as good as another's. Should there be any doubt as to what will happen in the future, the old rule of *caveat emptor*—"let the buyer beware"—applies.

But—take encouragement—it is possible to carry the exaggerations and puffings so far as to transcend the limits allowed by the courts and to make the statements constitute undeniable fraud.

This is the case when the seller misrepresents a past or present material fact, as distinguished from a statement of opinion, a promise, or a prediction. It is especially true when, because of the nature of the transaction, the buyer does not have all the facts before him and must rely upon the statements of the seller as to what the facts are.

Thus, when a seller misrepresents his product, asserting untruthfully that it is made of the

same quality and kind of ingredients as a certain well-known, high-grade brand, his statement constitutes a fraud. Also, when a product is represented in a written description as being of the same high-grade as is usually carried by first-class stores, when in fact it is only a cheap imitation that no reputable store would handle, this likewise constitutes a fraud.

The same holds true when old and shopworn goods are represented as new, when their price is overstated by means of a false invoice, and when the buyer is inexperienced and has had no opportunity to examine the goods before purchasing them.

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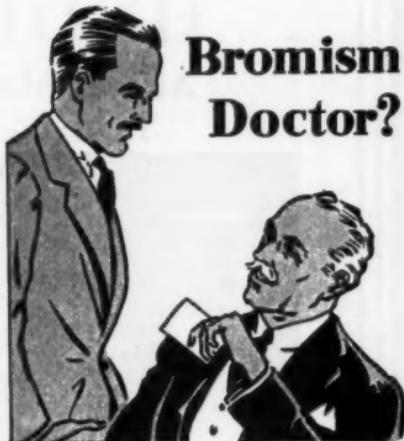
From a practical viewpoint, if the physician wishes to take advantage of such statements as the one which promised a \$50-a-year saving, he should have it specifically stated in the written contract that "there shall be no payment unless a yearly saving of \$50 results."

Even with this precaution, he must be absolutely certain that the company is a reputable one whose guarantee is worth something, and that this protective clause in the contract is so expressed as to be of legal value.

Most printed contracts contain the phrase "all representations and agreements of salesman are void unless incorporated in the written contract," or "it is agreed that the written contract contains the entire agreement of the parties."

This usually makes it impossible to introduce evidence of the salesman's verbal representations, unless they clearly constitute fraud. Since this type of written agreement does not contain any provisions about results, but expressly negatives them, the buyer would also be prevented from showing that a broken promise amounts to a breach of contract.

[TURN THE PAGE]



## Bromism Doctor?

"DON'T see it in my patients—You know Dad was in practice for thirty years and he told me to specify 'Peacock's' in every bromide prescription. Guess that's why!"

*And that IS the best and greatest advantage of*

## PEACOCK'S BROMIDES

*No secret to it—just the purest salts we can obtain—the five bromides so blended as to retain maximum bromide action with minimum by effects.*

**WHENEVER** you have to prescribe a bromide—and you know the indications better than a manufacturer could tell you—just write "Peacock's Bromides"—Specify the maximum dose you think you need without worrying about bromism. The results will tell the rest of the story.



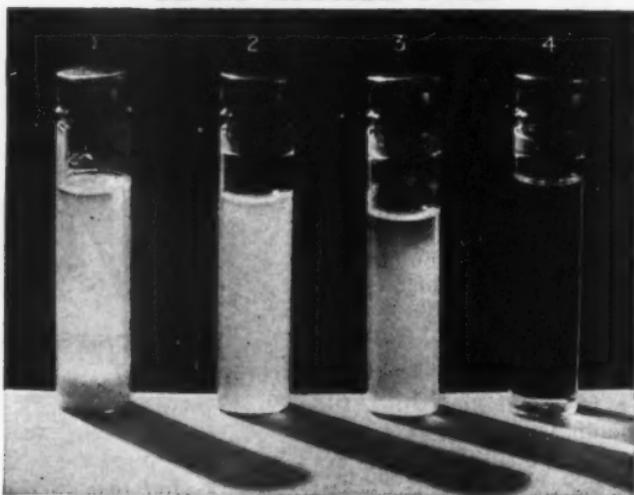
OD PEACOCK SULTAN CO.

St. Louis,

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# HYDROSAL

Affords Aluminum Acetate  
In Its Colloidal Form



Nos. 1, 2, 3, "Solutions" of aluminum acetate, showing cloudiness and precipitation due to faulty methods of preparation. (Note: Aluminum acetate is practically insoluble in water). No. 4. Colloidal aluminum acetate (Hydrosal). Note clarity of solution and complete absence of cloudiness or precipitation.

Hydrosal is prepared according to a chemical equation which insures a stable, uniform colloidal suspension.

Aluminum acetate is a recognized standard astringent for dermatological use. It is often referred to in the literature as "Buerouw's (Burow's) Solution," and its usefulness is unquestionable. Ordinary preparations, however, had led to the disuse of this valuable product, because they were prepared by attempting to dissolve a practically insoluble salt in water with the result that the final product did not truly represent Burow's Solution and did not give expected results.

Hydrosal, on the other hand, presents aluminum acetate in its most effective therapeutic form—a colloidal suspension. The product is uniform, clear, and devoid of foreign matter. Hydrosal, therefore, is of utmost value to the pediatrician, the dermatologist and the eye and ear specialist.

Hydrosal (liquid) is obtainable in 4, 8 and 16 oz. bottles. Hydrosal Ointment is supplied in  $\frac{1}{2}$  and 2 oz. jars.

Let us send you a clinical trial specimen and a copy of our new booklet "The Treatment of Skin Affections by Colloidal Aluminum Acetate."

**THE HYDROSAL COMPANY**  
**Cincinnati, Ohio**

November, 1932

83

Physicians should observe the greatest caution in preparing their written contracts, realizing the importance that the courts place upon the terms of such contracts.

It is not enough to glance casually over a contract and then sign it. On the contrary, it should be thoroughly scrutinized, sentence by sentence; and if there is any indication of its having been so worded as to deceive the signer, it should be submitted to a lawyer, without fail. As the supreme court in one State has said in reviewing a case:

If the paper is plain in its statements, easily understandable, and bears on its face no evidence of the alleged fraud, it operates by law to merge all that was spoken before, leading up to its execution. All that was said then, and which is not incorporated into the document, must be regarded as abandoned or modified by the terms finally written down and signed. Such is the very purpose of written instruments. It is to make certain that which may have been indefinite, or about which a dispute might arise, depending for its settlement upon fickle memories or interested testimony. As the paper speaks for itself, can be understood, and forgets not, the law looks with marked favor upon documents as evidence, placing them in the highest category. All this would be undone if either party were still at liberty to refute the writing by his own mere words, however trustworthy he might be.

So it is that, unless the physician can secure a *written* guarantee, assuring him of certain, definite results, he will do well not to rely too thoroughly on the word of the salesman regarding his purchase. Cases in which redress can be had are infrequent.

•

One of the oldest investment houses in New York City, dealing largely in real estate securities, was charged in October of this year with misrepresenting to its clients the nature of mortgages it sold them. Hundreds of these mortgages, bought by unwary investors who believed them to be *first* or *senior* mortgages representing prior liens on properties,

turned out later to be only *junior* mortgages.

Whereas the accused concern may not have stated in so many words that the second and third mortgages it was selling were first mortgages, it did *imply* this fact and lead its clients to believe that they were buying senior obligations.

As was to be expected, the deception did not become evident for some time. Eventually, however, the real estate situation became so acute that it was found imperative to suspend interest payments on many of these junior issues. Immediately, of course, the holders wanted to know why. They knew that interest was still being paid on the first mortgages and wondered why they who were presumably first mortgage holders should not receive theirs.

A complaint was made to the New York State authorities, and an investigation undertaken at once. Before long the entire policy of misrepresentation which the company had been following was laid bare and denounced.

Whether these mortgage holders will be able to recover in full is problematical. There appears to be a good chance that some adjustment in their favor will be made.

This is an example of misrepresented selling from which the buyers *may* be able to regain a portion of their losses. One reason this is possible is because so large a number of persons were involved, and because they were able to organize in their own defense and make a complaint that the State could not overlook.

In instances of this sort, where the buyer is tricked, his opportunity for recovering is likely to be slight. So, again, let me repeat:

*Caveat Emptor—let the buyer beware.*

*Don't believe what a salesman tells you unless it's in writing.*

## Physicians and Wearers Approve THE NEW BAUER & BLACK ELASTIC STOCKINGS



**ACCEPTED** by the Council on Physical Therapy  
of the American Medical Association

\*\*\*\*\*  
**MAIL THIS COUPON**

BAUER & BLACK, 2500 S. Dearborn St., Chicago  
Please send full information about Bauer & Black Elastic Stockings.

MB-11

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

In Canada, address 96 Spadina Ave., Toronto

As the comments below indicate, these stockings have quickly demonstrated their value in the treatment of varicose veins. They give firm, self-adjusting support, reduce swelling, relieve pain.

Bauer & Black Elastic Stockings are *good-looking*. They are made of superfine, silk-covered Lastex yarn—are knitted just like regular silk stockings. They stretch *all ways* instead of only one way, as ordinary elastic stockings do, and are far cooler and more comfortable.

These stockings are made for both men and women, in a variety of styles and sizes. Obtainable now through surgical supply houses and druggists. Mail the coupon for further information.

**APPROVED**

Dr. F. M.—Bauer & Black Elastic Stockings worn in connection with injection treatment for a severe case of varicose veins have given adequate support and greatly relieved pain.

Dr. H. Q.—Clinically, stockings seem satisfactory in every way. Are comfortable to wearer, hold their elasticity, can be washed readily without affecting pliability.

Mrs. C.—A very bad case of varicose veins. Stockings entirely satisfactory as to efficiency and a great improvement in comfort.

Mrs. H.—Patient extremely enthusiastic. Relief from pain was immediate; ulcers healing rapidly. Stockings worn under gray silk stocking defy detection.

**BAUER & BLACK**

DIVISION OF THE KENDALL COMPANY...Chicago...New York...Toronto

# "X" Equals Success

## A DOCTOR'S SELF-ANALYSIS As told to Hall Johnston

Coming to the third stage in his development as a practicing physician, the young doctor confirms his belief that an inviting personality forms an important part of professional success. Here he continues his attempts of last month to see himself through his patients' eyes.

WHEN a patient came into the office, the event still held an element of adventure for me. I had not, as yet, reached a stage in which patients, new or old, were mere elements of routine.

Up to now, the adventure was purely a professional one, my interest being confined to what I might discover for diagnosis and treatment. Now, with the determination to add a few human and friendly inquiries to my professional investigations, my mind was partly occupied with the new technique.

Patients talked of themselves, their families, ambitions and daily activities, as well as of their ailments. Somewhat to my surprise they also made remarks and inquiries about me, and frequently touched on subjects which I considered more or less private.

All this tended to give me a more intimate view of my patients, and compelled a few notions to enter my mind concerning my own private life. It also brought about an analysis of my patients, individually and as a class, leaving me undecided as to which was to exert the most influence—that of my patients on my private life, or my own life

upon my patients. In either event, I was convinced that the second stage of my education was beginning.

I felt that I was making progress. I knew a lot more about my patients than their aches and pains, and potions. The young lady who interested me so much in the first year of my practice was now with me a good deal, and, I knew, was a careful observer of my relations with my patients. More and more she was becoming my advisor, as I reported to her my successes and my failures. One day, with some pride, and I presume with a confident expectation of approval, I related some of my experiments in patient-psychology.

"Don't you think I am developing quite a technique in this effort to humanize myself?" I asked.

The question had a surprising effect. I should have known better than to use the word "technique."

"Yes, you are developing a great technique," she began, "but I hope some day you will be able to forget it."

"But I thought you were supporting me in this thing, especially since it was originally your own suggestion," I replied.

"Yes, I know," she said, indulgently, "I did want you to humanize your interest in people. I still think it is essential to your success. But do you think you can do it by changing from one kind of scientific machine to another?"

[TURN THE PAGE]

*A New  
Gerber  
Product*



# Baby's Cereal

Ready-to-Serve  
Long-Cooked in Whole Milk

GERBER'S Strained Cereal is made from finely ground whole wheat, hulled oats, and added wheat germ, with sufficient whole, fresh milk to provide the desired consistency. It is softened and thickened by cooking in glass lined retorts at 10 pounds steam pressure in order that soluble nutrients in the bran may be retained. The harsh bran particles are removed by straining through finely perforated monel metal screen. The consistency of the strained cereal is adjusted as necessary by evaporation under vacuum or with the addition of more milk. The product is then filled in steam-washed cans and immediately sealed. Final cooking proceeds by the Gerber process in a closed system under steam pressure. Except for the extra wheat germ, nothing is added to the natural, nutritive properties of the whole wheat and hulled oats. The cooking in whole, fresh milk lends additional food value and gives the cereal a distinctive flavor.

"Did you ever hear of the fellow who made love to his girl according to a book? The book may have been written by an expert, but when he turned the wrong page, what happened? He just lost the girl, that's all. What he should have done was to fall in love. Then he would not have needed the book.

"What you must do is not merely to turn loose a little psychology on your patients. You must really understand them. The interest you take in them must be genuine, real. Don't overdo the practice of what you call technique.

"What you are doing is building a practice. It must be a gradual process. You can speed it up some, but still the building of it must be gradual. You can hurry, but you must not try to jump. *Much of your practice building, both professional and social, must be done by instinctive action.* Why I could not trust a doctor or any other man who tried to order his life by rule."

•

I did not like this last remark, nor did I care for her reference to the boy who made love by the book. Perhaps I had been drifting, both in my practice and in my private life. If so, I was getting nowhere with either, and it was high time to reform.

The next day in my office I took careful review of myself. How many of my patients had I really understood? The only one that I could think of was the little girl who seemed so shy of my reflector. I understood her fear, and I understood her smile when the fear was banished. I concluded that I would henceforth understand the adult mind as well as the five-year-old. And to do it, I must find a way to make them understand me.

•

"And how is Mr. Smith," I inquired, as I was about to dismiss

Mrs. Smith following a professional call.

"Oh, he's pretty well, thank you Doctor," she replied. "He's been a bit disturbed about Mary, our oldest daughter. You know she is just the age where she must have a beau now and then, and she stays out too late occasionally at a high school dance or sorority party. To make it worse, Mary hasn't been well lately."

There was a slightly embarrassed moment as our eyes met, and doubtless the same thought flashed through both our minds. She hastened to explain, and, as is usual in such circumstances, the explanation only served to widen the gap in the smooth flow of our conversation. "Dr. Jones is Mary's physician," she explained. "You know he understands children so well—why shouldn't he, since he has three of his own? I am sure that you understand, Doctor."

•

The poor lady was just trying to apologize to me for having two doctors in the family. After she left, I studied the card upon which our professional relations were recorded. Here, I knew, was a family of five. The mother was my sole patient, sent to me by a friend who thought I had been unusually successful in treating a similar trouble in her own case. I knew Mr. Smith, and had met the daughter. As I saw it then, I could draw no other inference than that I was being discriminated against because I was not married, and had no children of my own, and hence did not understand them.

Here was an angle of the medical competition game which, though frequently in my mind, had really received little serious consideration. I now scanned the list of members in my County Medical Society booklet with renewed interest. Sure enough, all the really successful doctors on the list were married, and for



## Do your instruments deteriorate from repeated sterilization?

Bard-Parker Sterilizing Jar equipped with adjustable instrument holder, rubber mat and air-tight cover. Price complete . . . \$4.75

**B**OILING and corrosive chemicals take a yearly toll of surgical instruments that would otherwise enjoy a much longer period of usefulness.

BARD-PARKER Formaldehyde GERMICIDE was perfected through scientific research to accomplish rapid and complete sterilization of metallic instruments without injury to the most delicate point or cutting edge. It will not rust or corrode the finest finish.

Rinsing or wiping of instruments after

removal is unnecessary as BARD-PARKER GERMICIDE is clear, colorless and non-staining and dries rapidly without residue. Instruments may be immersed for long periods without fear of rust or corrosion. Protect the life of your instruments—sterilize them with BARD-PARKER Formaldehyde GERMICIDE.

**PRICES:** Pint bottles, \$1.00 each. Quart bottles, \$1.75 each. Gallon bottles, \$5.00 each. Orders for carton (4 gal.) lots—10% discount.

REPORTS OF BACTERIOLOGICAL TESTS SENT UPON REQUEST

**Parker, White & Heyl, Inc.**  
369 Lexington Avenue, New York, N.Y.

all I knew probably boasted of progenies. What a problem for a young doctor!

As I say, the thought of marriage had not been wholly out of my mind. Perhaps I needed a book to guide me. At any rate, I had not thought about it from the standpoint of pure economics. I was somewhat shocked to find that it was an economic, as well as a personal question.

I knew that marriage would not add a whit to my professional skill. I was convinced that I was just as good a doctor single as I would be married. I felt that I could distinguish measles from chicken-pox now just as certainly as though I had raised a family of my own.

All this, apparently, made little difference. What I could do was of little consequence unless people called on me to do it, and it seemed that getting married gave to the doctor a certain charmed status wherein patients extended him more confidence.

And so I decided on a swift, bold stroke.

At that, I am afraid that I was, at the moment, moved to action by business considerations. Sentiment was there, of course, but it was back in the wings waiting for its cue while economics took the center of the stage. I thought that, by the simple act of a marriage ceremony, I would instantly acquire a certain fixed, settled standing as a doctor in the eyes of both my patients and the public.

The more I thought about it, the more definitely I concluded that, as an unmarried doctor, I didn't have a chance, and that my failure to achieve greater success thus far was due solely to my state of single blessedness.

I was soon to learn my error. I was to learn that marriage, of itself, was not to fill the empty chairs in my waiting-room nor was it to send me scurrying away daily to the hospital or sick-room.

[TURN THE PAGE]



## AROMATIC LIVERX ZEMMER

### To replace the Liver Diet

Patients who rebel against the monotony of the liver diet will welcome AROMATIC LIVERX. Each tablespoon represents a full quarter-pound of fresh liver of clinically controlled potency, in pleasant aromatic solution.

AROMATIC LIVERX has proved unusually effective in the treatment of pernicious anemia. Let us send you literature.

#### — Mail this coupon —

THE ZEMMER COMPANY,  
Oakland Station,  
Pittsburgh, Pa.

Please send me literature on  
AROMATIC LIVERX.

Dr. ....

Address .....



## IN 1887 CAME THE TABLET

... a notable advance in simplifying medication and standardizing dosage—till

In 1913 the laboratories of The Drug Products Co., Inc., originated and in 1928 perfected the improved

### PULVOIDS

... a scientific form of medication that overcomes the "hard mass" drawback (changes in composition due to excessive moisture and heat, uncertain or slow absorption).

The Pulvoid is a friable, pulverous aggregation, prepared *without excessive moisture and heat treatment*. The finished product represents the unaltered medication, as it originally entered into the formula. It disintegrates rapidly and insures prompt and certain absorption and effect.

Resembling a tablet in form, the Pulvoid in speed of action approximates a loose powder.

We urge you to compare. . . . List the Pulvoid that interests you most. . . . Use the sample alongside of your favorite tablet. . . . You will appreciate the difference.

#### *Some of the* **PULVOIDS**

NATRICO  
(for hypertension)

DIGITALIS FOLIUM  
(in cat units)

TAUROPHEN  
(Cholagogue)

THYOVACO  
(in menstrual  
syndromes)

FERRO-CU-MANG  
(secondary and  
nutritional anemias)



THE DRUG PRODUCTS CO., Inc.  
26-33 Skillman Avenue, Long Island City, N. Y.  
I've listed one Pulvoid. Send me samples  
for comparison, and, of course, formula  
and literature.

M.D.  
Street  
City

I was to give up the idea of Jack and his magic Beanstalk in trying to build my practice into the skies overnight.

The advantages of a doctor's married status, though substantial and important contributions to his success, were of quite a different character.

Like all other practice-building elements, they were not workers of magic.

Persistent, even if perplexed, the young physician continues his trial-by-error struggle in December MEDICAL ECONOMICS.

## Speaking Frankly

[FROM PAGE 9]

ing the intricacies of insurance clauses, and we accept blindly the suave sales talk of the representing agent, who emphasizes the show points and glosses over the many vague, questionable provisions. It is said that these provisions are sometimes inserted purposely as escape clauses, in case the companies later find themselves facing indemnities of a protracted nature.

From this, one might guess that I am the victim of a health insurance policy. I am totally and permanently disabled due to high bloodpressure and myocarditis. Following a slight stroke on February 20, 1930, I was cancelled out by one of the companies. When the policy was issued, I insisted it should be non-cancellable, with premium waiver. Two riders apparently attested to my protection in this respect, but both were misleading, as I found out to my chagrin.

The second company in which I was insured failed and is now being liquidated.

For the benefit of us physicians who go along toward eventual disability in the fond belief that we are protected, we need more articles of this character.

M. P.

### Rebuke

### TO THE EDITOR:

Referring to the article by Beulah France, R. N., in September MEDICAL ECONOMICS, I think I am correct in saying that the average, well-trained, progressive physician today is only too glad to advise immunizing injections and vaccinations for his child

patients as a matter of both public and personal policy.

If the mother takes to the idea and the father is not one of those who "doesn't believe in vaccination," then one of several things will follow. Either the mother will want to "think it over" (and finally forget about it), or she will fix a speculative eye on 4½-year-old Johnnie and say: "Well, he will be going to school in another year and the school doctor will do it for nothing then."

Or, if she is living where the county or city health officer gives this protection free, at any time, naturally she will be reluctant to get it where she is expected to pay for it. Very rarely is she one who prefers to pay her own way, have her child protected by her own physician and at her own expense, of course.

As far as I know, New York City is unique in endeavoring to connect the matter of immunizations with the private physician in any way. Elsewhere, it is attended to at public expense for rich and poor alike, with no questions asked.

And so, if Miss France intended to convey either suggestion or rebuke to the profession at large in her article, it appears that the former would be useless and the latter only partly deserved.

I say "only partly," having in mind those physicians whose charges for this work are so exorbitant that the public is driven to the free clinics for it. With



### A NEW FOOD RECONSTRUCTANT

After many years of success in France, ADGENE is now presented to American doctors.

ADGENE is a scientifically compounded, properly balanced food beverage composed of carbohydrates, proteins, calcium and phosphates. Barley, cocoa and sugar are elements.

Indicated in every condition, from babyhood to old age wherever a food or nerve reconstructant is required. Easily assimilated and tolerated. Not advertised to the public.

ADGENE, Inc.,  
Paterson, N. J.

Please send me professional sample  
of ADGENE— gratis.

Dr. ....

Address .....

# WHAT Experts SAY ABOUT FEEDING SIEVED VEGETABLES TO INFANTS

THE value of sieved vegetables in the dietary of infants has the sanction of nutrition authorities and the medical profession. For example, Dr. Marriott states that "beginning with the fifth or sixth month the breast-fed infant should be given purees of spinach, carrots or mixed vegetables once a day in amounts of from one to two tablespoonfuls."\* Mary Swartz Rose suggests a tablespoonful of sifted spinach and carrot pulp for breast-fed babies at seven months.\*\* Since these suggestions have been published, other physicians have found that sieved vegetables are well tolerated by infants at two months.

Certifoods Sieved Vegetables provide this dietary supplement in a form that is appetizing and easily assimilable. Moreover, Certifoods supply necessary proteins, fats, carbohydrates, mineral salts (particularly calcium, phosphorus and iron) and vitamins A, B and C.

But the makers of Certifoods guarantee even more. During preparation each Certifoods Sieved Vege-

\**Infant Nutrition*, Williams McKim Marriott, B.S., M.D., page 111, Mosby.

\*\**Feeding the Family*, Mary S. Rose, page 134, McMillan.



table is so carefully processed that the vitamin content is thoroughly protected. The resultant high vitamin values (determined by exacting biological tests of each finished Certifoods product) appear—expressed in Sherman units—on each Certifoods label. These values are guaranteed.

The maximum A, B and C vitamin content of Certifoods is made possible by the exclusive process which excludes oxygen during the process of preparation.\* Costly apparatus, constant supervision, continuous testing to assure guaranteed vitamin values, assure the profession that in Certifoods it has the ideal sieved vegetables for infants and convalescents.

Certifoods retail in enamel-lined containers. Professional samples will be supplied on request, also a copy of the nutritive and assay report. Please use coupon.

**Certifoods**  
INCORPORATED  
Subsidiary of  
THE MALTINE COMPANY  
30 Vesey Street New York, N. Y.

## CERTIFOODS SIEVED VEGETABLES

THE MALTINE COMPANY, Certifoods Division  
30 Vesey Street, New York, N. Y.

Please send me professional samples of CERTIFOODS and a copy of the vitamin and nutritive assay report.

Name of Physician.....

Office Address.....

City or Town..... State.....

**SEE MALTINE ADVERTISEMENT ON PAGE 43**



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November, 1932

vaccine points available for twenty-five cents each, and 3-dose toxoid at a dollar, the charge sometimes made of \$3 for a "shot" of toxoid, and \$2.50 for a vaccination, seem slightly out of proportion, not to say a downright imposition on the patient.

Any doctor can make enough to pay for the little time consumed, by a charge of \$1 for a vaccination, and \$1 or \$2 per injection for diphtheria protection; and at those rates he can get his patients protected without the intervention of public health nurses, provided the public health authorities will confine their immunizing activities solely to individuals.

L. B.

**Dosage** TO THE EDITOR: During thirty years of active medical practice I have suffered from a subconscious itchiness that told me all was not well with our customary methods of giving liquid medicine to the patient.

For instance, in the formula submitted by Dr. H. B. Wents under the caption, "Metric," on page 7 of August MEDICAL ECONOMICS, we read the instructions: "Sig. A teaspoonful every four hours."

Doctor Wents intends that his patient shall get a certain definite dose of each of the ingredients. However, it is an almost perfectly safe bet that his patient will get anything from one-half to twice the dose intended—all depending on the character of the utensils used, and the estimation of the meaning of the term "ful."

Calibration of the capacity of the ordinary teaspoon will amply prove the truth of this assertion. Fortunately, in most cases, it is immaterial whether the patient gets a little more or a little less of the medicine than is ordered. But if the ingredients consisted of a maximum dose per spoonful of such potent remedies as strichnia, or digitalis, as so often may happen, accuracy is imperative. Proper precaution must be taken.

With the wonderful advancement in the fields of medicine and pharmacy during the past half century, it seems incomprehensible that this undignified, unscientific, and undesirable state of affairs should have been so complacently accepted. Doubtless, the reason has been a lack of a unit of measurement which would be scientifically accurate and at the same time intelligible to the average layman.

As thought is father to action, let us now think hard about a medicine bottle which will automatically deliver any desired dosage that the doctor may wish to order, with a constancy and accuracy which may be relied upon—a bottle that may be used in the dim light of the sick room with the utmost confidence that a mistake will be absolutely impossible.

And with this concept, perhaps the idea shall be born.

Inventors, get busy!

William Douglas, M.D.



"I'm still popular with the ladies. And with your colleagues who

have female patients.

"But I'm very glad that for every one of me you send for, you seem to be prescribing Tyree's Antiseptic Powder for another patient.

"I thank you."

THE little booklet pictured—because of its ethical character has been widely accepted for distribution to female patients.

In putting it out, we again called your attention to the value of Tyree's Antiseptic Powder in Leucorrhea, Vaginitis, Endometritis, Cervicitis and as an alkaline cleansing Douche.

This value has evidently spoken for itself—in many States to many physicians.

You too are invited to send for a sample of Tyree's and as many books as you need. Both should serve you well.

J. S. TYREE CHEMIST, Inc.  
15th & H Streets, N. E.  
Washington, D. C.

Please send me sample of Tyree's  
Antiseptic Powder and  
booklets for distribution to gynecologic patients.

M.D.

St. & No.

City & State

# Milk of Magnesia plus Mineral Oil

*Two reliable correctives in a single permanent emulsion*



THE medical profession has long relied upon Milk of Magnesia and Mineral Oil in the correction of digestive disorders. Now you can prescribe these two correctives in a doubly effective form. In Haley's M-O they are skillfully combined in a permanent emulsion.

You have, in Haley's M-O, antacid, laxative, and lubricant, all in one. It is a safe corrective for acidity and constipation. It causes no digestive disturbance—and causes no leakage when taken in normal doses. It is pleasant to take too, being practically tasteless. It is prescribed for patients of all ages.

Haley's M-O is exceptionally useful in spastic constipation, intestinal stasis and auto-infection. It is also used with good results in cases of gastro-intestinal hyperacidity, sour stomach, palpitation, heartburn, prostration, gastric or duodenal ulcer, intestinal indigestion, colitis, and hemorrhoids. Also useful before and after pregnancy and maternity, in infancy, childhood, maturity and old age. An effective antacid mouthwash. Procurable at all druggists.

Liberal sample and literature sent on request. Address The Haley M-O Company, Inc., Geneva, N. Y.

## HALEY'S M-O

an emulsion of milk of magnesia and pure mineral oil

## Making the Fee Fit the Times

[FROM PAGE 15] should pay the "recognized fee" for his services. Without considering the cataclysmic condition of public finances, he voiced his ultimatum. If they did not want to pay what he was asking, let them go elsewhere.

It had been a custom of many years' standing in these small communities, to pay the doctor a dollar for every mile he travelled to make a call. If the doctor drove ten miles, his fee was \$10; if twenty-five miles, \$25.

There had been a good and definite reason for this scale of charges. In the horse and buggy era, a twenty-five-mile drive took the doctor away from his practice for a whole day, and maybe for the night. Later, even with the advent of automobiles, there was still a reason for it. Roads were bad; the wear and tear on the doctor's car and nerves, not to mention the time he might waste in getting bogged and finding a rescuer with a team of horses, had to be taken into account.

But roads are good today and cars traverse them in one-tenth the time it took old Dobbin to cover the same distance. So, the "recognized fee" is now exorbitant.

•

When the township supervisors laid before me the condition of their finances, and asked me what I could do for them, I pointed these facts out to them. A ten-mile call, allowing for as much as a half-hour with my patient, does not take me more than an hour; a twenty-five-mile call takes one hour and forty minutes.

It gives me plenty of time to see my other patients at my office in town; and I feel that I would be overcharging any in-

dividual or the community that has to pay his bill if I were to ask more than half the old fee.

With conditions as they are, I deem it good business to make this adjustment because, in reducing my demands on the public funds, I am contributing my share toward a reduction in taxes.

This is a point on which medical men seem most hazy, possibly because in finances they can never see from cause to effect. There is a tendency on the part of many doctors in many communities to want to get their share of the "county cases," and to charge the county all that the traffic will bear.

At the same time, they keep grumbling about high taxes, when, as a matter of fact, their demands add to the heavy burden the taxpayer is called upon to bear. The doctor who refused to call on the communities I mentioned, unless they paid him the "recognized fee," is typical.

Now, if ever, patients want and

## F R E E Liberal Sample M U - C O L

An Aseptic  
Prophylactic  
Anti-Catarrhal  
Anti-Pruritic  
Wash that  
Guarantees  
Post-Operative  
Cleanliness

The effectiveness of Mu-col as an antiseptic wash is attested to by thousands of physicians who prescribe and use it for effectively cleansing the entire membranous area. Aids quick granulation. A saline-alkaline powder easily soluble in water. Superior for feminine hygiene. Indispensable in every physician's practice.

*Mail Coupon for Sample NOW*

MU-COL CO., Suite 348R,  
Buffalo, N. Y.

Send sample of Mu-col, enough  
for 6 qts., FREE.

Name..... M. D.

Address.....  
(Please attach coupon to letterhead)

# NEO-LACMANESE

*is the name of the "non-specific protein" preparation that brings. . .*

**NO BULK**

**NO PAIN**

**LITTLE OR NO REACTION**



*in overcoming infections*

Neo-Lacmanese is a true solution of milk proteins and manganese butyrate, in 1 cc. ampules. It provides not one, but a group of antigens in its proteins and colloidal metal to stimulate varied antibody production. It may be injected for convenience, in the deltoid muscles of the arm.

The rapid response of many infectious conditions with freedom from objectionable qualities, places Neo-Lacmanese among outstanding medicaments.

Orders supplied quickly from any of the offices listed below.

**GEORGE A. BREON & CO., Inc.**

*Pharmaceutical Chemists*

KANSAS CITY, MISSOURI

NEW YORK  
319 W. 50th St.

SAN FRANCISCO  
830 Market Street

ATLANTA  
218 Rhodes Bldg.

PORLAND  
171 East 37th St.

SEATTLE  
6035 8th Ave., N. E.

LOS ANGELES  
2050 N. New Hampshire

need consideration in fees, honesty in diagnosis, and brevity in treatment; that is, all the brevity compatible with the proper care of an illness. The physician who plays fair with his patients in these three matters stands the best chance of seeing his waiting-room full, while others remain empty.

True, the money in the pockets of those who seek his services, is not abundant. They may have only a dollar, in some instances less. Whatever it is, he can accept it with a clear conscience, serene in the knowledge that he is doing his bit to make the world a less sorrowful and painful place in which to live.

That has been my policy and my experience. And if a former patient whose honesty is unquestioned comes to me without funds, I treat him just as carefully as I did when he was able to pay me.

Most of the time this patient will say, "When I'm back at work, doctor, I'll pay you."

I nod, but I do not intend to send him a bill. I have quite given up the sending of statements in my one-industry town, in cases when people are not working. I do not believe it will pay me in actual dollars and cents to harry my patients with bills they cannot meet.

Later, when they are working again, I am sure that they will bear me in mind and will have

toward me a feeling of kindness that they would not entertain if I dunned them now.

This does not mean that I do not ask and expect cash payment when payment can be made; but I have scaled my fees so that they fit 1932 purses.

Some day, when the wheels of industry are turning at their normal rate, I shall ask and receive larger fees for my services. Meanwhile, I am building goodwill, without which no doctor can long remain in practice.

## Contract Practice

[FROM PAGE 23] Parallel with this development has been that of group practice, a device by which physicians can reduce their overhead costs and reap economic benefits which they may share among themselves and with the general public.

A combination of these two innovations in medical service, the first spreading the costs of sickness over many heads, and the second reducing the costs of rendering service, open possibilities which may well prove to be the ultimate solution.

The question arises: Are contractual arrangements, which remove the unevenness and uncer-

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a full size bottle of  
**FITCHMUL**

A physician's prescription—standard in Hospitals and Institutions; known from coast to coast for its efficacy as

#### **A BRONCHIAL SEDATIVE EXPECTORANT—VEHICLE**

Time tried and tested for over 50 years.

**FITCHMUL FORMULA:** Canadian Fir Balsam, Venice Turpentine, Chloric Ether, Hydrocyanic Acid (minute quantity) Tartar Emetic, Aromatic.

Cut this worth while coupon! Mail today!

A. PERLEY FITCH Co., Concord, N. H.  
Mail FITCHMUL and book—**FITCHMUL Facts** to the following:  
Dr. \_\_\_\_\_  
Address \_\_\_\_\_



# November December

THE Drizzle and Sleet Season when grown-ups and children alike just won't heed—till the cold you warned about has become a febrile gripe—a bronchial cough—a tonsillitis or what not.

Then they expect you to come at any time in any weather!

GET THEM STARTED ON



## ANGIER'S EMULSION

early, Doctor. Make them keep it up regularly. If you have prescribed Angier's before, you know why. If not, then by all means use the coupon below for a liberal sample and literature of

THE ONLY EMULSION THAT IS A SOOTHING EXPECTORANT, ACTING ON MEMBRANES OF THROAT . . . AND AT THE SAME TIME A BUILDER AND CALCIUM-PHOSPHORUS REGULATOR . . . THE EMULSION THAT CUTS SHORT COUGHS AND COLDS AND GIVES RESISTANCE AGAINST RELAPSES.



Yes Please—

Sample of Angier's Emulsion and Literature.

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City and State

ANGIER CHEMICAL COMPANY  
Allston District, Boston, Mass.

ainty of the financial burden of sickness from medical practitioners and patients, of such nature as to be professionally and socially desirable? Obviously the one long-run standard of desirability is the effect upon the health of the people. Economic considerations from the standpoint of both the public and the professions are secondary to those of human welfare as evidenced by the care and prevention of sickness.

Therefore, the answer to the question must be: If contract practice will meet the standards of performance set by the present system of individual-call-and-fee, in maintaining health, and if it will benefit the public and profession economically, then it deserves the acceptance and support of physicians.

It seems assured that contract practice will do these things. The years ahead will witness further interesting experiments which will bear out the truth or falsity of present favorable opinion.

In its own interests, the medical profession should concentrate on problems of professional technique and organization. It is of the greatest importance to prevent the commercializing of contractual undertakings. In some instances, commercial corporations have been formed to hire physicians on salary at the lowest possible figure, and to sell medical services at an annual rate to individuals or organized groups at the highest possible figure. In these instances, it is the middleman who usually reaps the benefits, mulcting the doctor on one side and the patient on the other.

Contract practice without this outside interference, carried on by groups of ethical, and capable practitioners, offers mutual benefits to the medical profession and to the public at large. Its success will depend largely upon its conduct.

## BROMO ADONIS

The Bromide of *Greater Tolerance, Greater Potency, Wider Usefulness.*

Successfully used by the Medical Profession in the treatment of Epilepsy, Menstrual Disturbances, Spasmodic Neurosis.

*Bromo Adonis No. 1 . . . in Nervous Indigestion, Hysteria, Insomnia, etc.*

*Bromo Adonis No. 2 . . . When a more lasting sedation is indicated, as in chronic idiopathic Epileptic cases.*

*Check the preparation  
desired for free sample*  
(This offer for Doctors only)

TUCKER PHARMACAL CO.  
221 E. 38th St., New York City



## Prescribe EFEDRON HART NASAL JELLY For COLDS

It combats the cause as well as the subjective symptoms.

Try a tube at our expense

HART DRUG CORP.,  
35 S. W. 2nd St., Miami, Florida.

Please send me trade size tube of Efedron free.

M.D.

# For Flushing the Bladder...

In . . . .

**Cystitis**

**Urethritis**

**Urethral Irritation**

**and Similar Disorders**



The mucous membranes that line the bladder and urethra are subject to continual irritation by fluids that are foreign to normal mucus in reaction and saline composition. If not checked, bladder and urethral inflammation is apt to pass beyond the acute stage and become obstinately chronic.

A properly constituted hypotonic solution, such as *Alkalol* follows nature's method, and supplies the weakened cells with those particular salts that speed their recovery and strengthen their resistance to bacterial attack.

Let us send you a copy of "Helping the Cell to Help Itself," which explains the technique and procedure in detail. We will also include a trial supply of *Alkalol*. Write your request on your prescription blank.

# ALKALOL

**The ALKALOL Company, Taunton, Massachusetts.**

# Literature and Samples »

**Editor's Note:** These brevities are listed as a service to our readers. It will facilitate the handling of your request, when writing manufacturers, if you will include "ME Item 11-32" as part of the address.

**ETHER:** That you may know the purity of the ether you use, detailed instructions for testing it are offered free by Mallinckrodt Chemical Works (ME Item 11-32), St. Louis, Mo.

**A SAMPLE GOLD SEAL HYPODERMIC NEEDLE,** designed to resist breaking, will be sent to physicians by the Clay-Adams Co. (ME Item 11-32), 117 E. 24th St., New York.

**A BACTERIOLOGICAL INVESTIGATION OF EVAPORATED MILK:** This is a reprint of an article by Jean Deming, M.D., and Hilda Davis, M.D., in Archives of Pediatrics, answering the question "Is Evaporated Milk Sterile?" Write: Evaporated Milk Association (ME Item 11-32), 203 North Wabash Avenue, Chicago, Ill.

**COMPLIMENTARY PACKAGE OF ECHITONE,** for treatment of disorders arising from blood toxicity, may be obtained, with literature, from Strong, Cobb & Co., (ME Item 11-32), Cleveland, Ohio.

**BANANA DIET IN GASTRIC ULCER:** Reprints of this interest-arousing paper in "Clinical Medicine and Surgery" are offered by the United Fruit Co., Educational Dept. (ME Item 11-32), 1 Federal St., Boston, Mass.

**DISEASES OF THE LIVER AND BILIARY SYSTEM:** This is the title of an up-to-date, encyclopedic treatise on diagnosis. It is ninety-three pages in length. Copies may be obtained gratis from the Od Peacock Sultan Co. (ME Item 11-32), 4500 Parkview Place, St. Louis, Mo.

**THE SCANNEL APPARATUS FOR TRANSFUSION OF WHOLE BLOOD** is discussed at length in a new booklet, which gives the complete technique. An interesting addition to any physician's information file! For a complimentary copy, write the MacGregor Instrument

Company (ME Item 11-32), Needham, Mass.

**THE GREAT EAST GATE,** a forty-page booklet by W. W. Peter, M.D., tells children in story-book form the benefits of cleanliness. Physicians should give their younger patients this entertaining narrative to read. Copies are offered gratis by Cleanliness Institute (ME Item 11-32), 45 East 17th St., New York.

**OXACHOL,** the cholagogue in liquid form, is fully discussed in a leaflet offered by the Columbus Pharmacal Co. (ME Item 11-32), Columbus, Ohio.

**CORAMINE "CIBA,"** a circulatory and respiratory stimulant, is described in a booklet offered free to the medical profession by the Ciba Company, Inc. (ME Item 11-32), Greenwich & Morton Sts., New York.

**TRIAL SIZE CANS OF COCOMALT** are offered free to physicians. Cocomalt is accepted by the American Medical Association Committee on Foods. Cocomalt contains a rich supply of Vitamin D. Write to the R. B. Davis Company (ME Item 11-32), Hoboken, N. J.

**NEO-REARGON:** This gonocide is designed to prevent irritation and to shorten the period of treatment. Technique and literature on request. Write: Akatos, Inc. (ME Item 11-32), 114 Liberty Street, New York.

**SAMPLES OF EFEDRON:** This nasal jelly is said to enmesh the pollen causing hay fever. Trade size tube may be obtained from the Hart Drug Corp. (ME Item 11-32), 35 S. W. 2nd Street, Miami, Florida.

**SAMPLES OF FARASTAN:** Write for literature and a full-size package of this anti-rheumatic agent. The Farastan Company (ME Item 11-32), 185 South Eleventh Street, Philadelphia.

**SAMPLES OF PINEOLEUM:** This product is indicated in the treatment of acute coryza and acute rhinitis. Literature accompanies samples. Send requests to The Pineoleum Company (ME Item 11-32), 52 West 15th St., New York.

**SAMPLE OF THE X-ACTO HYPO NEEDLE:** This new, Krupp rustless steel needle is offered by S. Doniger & Co. (ME Item 11-32), 23 East 21st Street, New York.

[TURN THE PAGE]



## Whither Rheumatism?

. . . No telling from which direction it came or in which direction it is heading. Rheumatism has a way of rising suddenly from total obscurity, doing damage beyond repair and causing pain beyond endurance.

The treatment must aim to strike back quickly if it is to be fully effective. But can the patient endure it?

He can, if ATOPHAN is made a part of the treatment,

because Atophan promptly relieves pain, rapidly reduces inflammation and congestion, and keeps the fever below the danger point. In addition, Atophan increases the elimination of uric acid and inhibits its formation.

Atophan banishes suffering from rheumatism, and makes possible the application of physiotherapeutic measures, such as heat, massage and passive motion.

That is why nothing has yet replaced Atophan, the original specially purified phenylcinchoninic acid, in the effective treatment of rheumatoid and arthritic affections, neuritis and neuralgia.



## ATOPHAN for Rheumatism

SCHERING & GLATZ, Inc., 113 WEST 18th STREET, NEW YORK CITY

**SAMPLES OF MU-COL:** Enough of this powder to make 6 quarts of antiseptic wash will be sent gratis to physicians by the Mu-Col Co. (ME Item 11-32), Buffalo, N. Y.

**SAMPLES OF BROMO ADONIS:** When sending in request, state whether you want this preparation in form No. 1 (for hysteria, nervous indigestion, the menopause, etc.), or in form No. 2 where a more lasting sedation is indicated, as in epilepsy. Address: Tucker Pharmacal Co. (ME Item 11-32), 221 E. 8th Street, New York.

**THIALION:** Physicians desiring literature about this agent for rheumatic and biliary conditions, may obtain it from the Vass Chemical Co. (ME Item 11-32), Danbury, Conn.

**SAMPLES OF LACTO-DEXTRIN:** This food is prescribed for cases where encouragement of growth of benign intestinal organisms is desirable. For a trial tin and descriptive folder, write the Battle Creek Food Co. (ME Item 11-32), Battle Creek, Michigan.

**NEO-LACMANESE:** The manufacturers of this concentrated, improved milk protein (with manganese) will be glad to send detailed literature. George A. Breon & Co. (ME Item 11-32), Kansas City, Mo.

**SAMPLES OF SAL HEPATICA:** This product has found favor with many physicians because of its efficiency and palatability. Samples will be sent for clinical test. Bristol-Myers Co. (ME Item 11-32), 75 M West Street, New York.

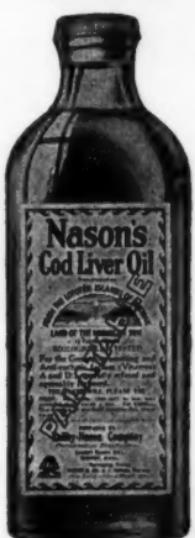
**ANTIPHLOGISTINE:** This product needs no introduction to the profession. Samples and literature will be sent upon request by the Denver Chemical Mfg. Co. (ME Item 11-32), 163 Varick Street, New York.

**SAMPLES OF HALEY'S M-O:** A liberal supply of this combination antacid, laxative, and lubricant, will be sent free to physicians by the Haley M-O Company, Inc. (ME Item 11-32), Geneva, N. Y.

**SAMPLES OF TAUROCOL TABLETS:** These tablets have been manufactured over a period of 20 years for physicians' prescriptions and for dispensing purposes. They are indicated in cases demanding increased bile flow and quickened peristalsis. Write: The Paul Plessner Co. (ME Item 11-32), 3538 Brooklyn Avenue, Detroit, Michigan.



## Nason's is Potent and it Tastes Good



It's worth while for you to prescribe Nason's by name, then your patient is sure to get a biologically tested oil of highest recognized vitamin potency plus pleasant flavor.

Mothers tell us "Children lick the spoon."



NASON'S VITAMIN POTENCY WARRANTY  
**1000 A UNITS-150 D UNITS**  
PER GRAM OF OIL

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**TAILBY-NASON COMPANY**  
Kendall Square Station, Boston, Mass.  
Pharmaceutical Manufacturers to the Professions  
of Medicine and Pharmacy since 1905.

Gentlemen: You may send me (without charge) sample bottle of Nason's Palatable Cod Liver Oil.

Name \_\_\_\_\_

Address \_\_\_\_\_

My Druggist's Name \_\_\_\_\_

(M. E. 11-32)

## A More Scientific Method of Counteracting Gastric Hyperacidity

Excess stomach acid has always been treated by chemical neutralization, to which, however, the following objections have been found: (1) peptic digestion is hindered or prevented; (2) intensive alkaline treatment frequently leads to a condition of alkalosis; (3) alkalis often cause a secondary and more pronounced rise of acidity following their administration.



Because of these objections physicians should recommend the introduction of the newer and more scientific method of removing excess acid by *colloidal adsorption*.

Alucol, an allotropic form of aluminum hydroxide, has a high adsorptive power for HCl. It takes up excess acid colloidally and leaves a sufficiency for the continuance of peptic digestion. There is no secondary rise of acidity following its administration.

A trial of Alucol will convince you of its value. Let us send you a supply with full information.

### ALUCOL

(Colloidal Hydroxide of Aluminum)

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180 North Michigan Avenue, Chicago, Illinois.

Dept. M.E. II

Please send me, without obligation, a container of ALUCOL for clinical test, with literature.

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## Courtesy Service

FROM PAGE 25] much of the night was gone before the job was finished.

The young man wrapped his headbare overcoat about himself, got on the street car, paid his fare home, and, remembering his teachings, promptly forgot about any obligation there might be toward himself for his services.

A few days later, in casual conversation with the doctor-father, he learned that this particular colleague had made a great deal of money in another city as chief surgeon of a railroad, and had come out to this town to retire. Having been bored by inactivity, and not being sufficiently occupied with turning over his money in the business field, he had taken a position as assistant to the director of the local school health department. The work was light, the responsibility slight, the hours regular, and—the salary was sufficient to staff his home with servants.

Why should not the young man have been permitted to send a bill for his anesthetic? The doctor-father was in no position to reciprocate by rendering services in return.

It would have been a very fine

mark of courtesy in this case, for the older physician to have insisted on paying the younger one in some form, and preferably by a check. A carefully worded note would have avoided any offense to the young man's feelings.

Anyway, there are many physicians themselves, and probably more physicians' wives and families, who would greatly prefer to buy services from other physicians just as they buy services from garage mechanics and merchants. They feel that under existing circumstances they are imposing, and that services received under imposition are not first-class.

I know of doctors' wives who, needing specialized treatment, have gone to specialists' offices under assumed names. They appreciate the different attitude which doctors and assistants assume when treating pay patients.

We can hardly make an exact definition of courtesy service as it applies among physicians, for there are too many fine gradations—but at least we can assume an open-minded attitude toward the subject, analyze our customs, and so work toward a mutual understanding in which the courtesy will not be too one-sided.

•

The next class to come under scrutiny in the matter of receiving undue free treatment embraces non-dependent members of

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doctors' families and households. The doctor's mother may be living with him. She may easily have an adequate competence of her own, and not be dependent upon the doctor at all. In fact, there are cases in which the doctor stands to inherit substantially from her. Yet what colleague, called in to see her would presume to send a bill?

The same is true of adult children and their husbands or wives who might be living in the doctor's home. Similarly also, certain of the old family retainers. These people can take up just as much time as good legitimate cases, and often are no more entitled to services than anybody on the street. Yet the delicate code of ethics makes the attending physician wait to be asked—and often the asking never happens.

It is like the case of the English tailor. One of his patrons asked him why, during the many years they had done business together, he had never received a bill for any of the suits provided him. The tailor replied "Oh, sir, I never send bills to gentlemen."

"But," asked his patron, "what if they do not pay you within a reasonable length of time?"

"Well, you see, sir," was the reply, "if they do not pay after a reasonable time, they are not gentlemen!"

How many doctors, having given services to relatives of other doctors, not directly dependent on them, and having

waited discreetly to be asked for a bill, have secretly concluded to themselves that the recipient doctor was not a gentleman?

Next comes the thought as to whether or not services should be extended without pay to dentists. This seems to be rather an open question. In small cities or towns, where there are few doctors and perhaps about the same number of dentists, and where everybody knows everybody else, and there is little if any specialization, free exchange might work out satisfactorily.

For instance, Doctor Black and his family might patronize Dentist Blue for all their dental care (or perhaps impose upon him would be a better word)—and Dentist Blue and his family might all call in Doctor Black whenever they needed medical or surgical services. In the course of a five-year relationship of this kind, very likely the total bills, if work had been charged for, would about offset each other.

The exchange might be perfectly satisfactory, but there could be many chances for dissatisfaction. The physician might think that the dentist is doing careless or incomplete, or inexpensive work when he knows he is not going to get paid for it. The dentist might think that the doctor is not calling as often, or putting as much study into the case as desirable, since he can not add up anything on income at the end of the month as a

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result of his efforts. Such suspicions would ruin confidence, and would immediately vitiate the satisfaction of the arrangement.

In larger cities, where both professions lean more generally to specialties, and where both would be likely to insist on the most highly specialized services for their families, the situation becomes exceedingly complex. The pyorrhœa specialist might never have a chance to repay services to a gynecologist; the exodontist and the radiologist might never be able to compensate each other with services—and so on among all branches of both professions.

A great many of the older school practitioners of both professions still refuse to charge each other, but most of the younger ones have adopted a more sensible attitude toward the situation. In fact, most of the younger ones refuse to accept services from each other without a distinct understanding on the subject of compensation. In most cases, a professional discount is given, but all transactions are on a strictly business basis.

There is more general satisfaction all around in most instances, since the recipient feels free to charge consultants at will, and feels that he is in a better position to question the type of service being given, and the grade of material being used.

Most of these arrangements are on a cost-plus price scale, or perhaps a fixed reduction. Some men reduce their charges from 30 to 50 per cent. In most instances a consideration of about one-third is considered adequate and satisfactory.

The question of services to nurses has been given little consideration, but has caused a great deal of irritation at times. There is no doubt that the nurse is the right hand of the medical profession, and that in many instances it is the nursing care, and not the medical care that determines the turn of events in a delicate case. Doctors all agree that about the most self-sacrificing life a woman can lead is that of the trained nurse. Yet do all nurses deserve free medical care?

It is certainly not a case of reciprocity. Nurses never give free services to doctors. I know of one doctor who calculated that in the twenty years of his practice he had done \$20,000 worth of medical and surgical services for graduate nurses. Yet when, in the flower of a growing practice that doctor was stricken with a permanently incapacitating disease, the first few months of which required constant nursing service, not one of the nurses who had received care from him, nor any other nurse, ever volunteered a single hour or day of care to him without pay.

His income was completely cut

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Puretest Cod Liver Oil is obtainable at all Rexall and Liggett Drug Stores

off—he had a family on his hands—but not a nickel's worth of help did he receive from the nursing profession which he had always befriended so generously. It is easy to imagine how he feels about the medical profession giving free services to graduate nurses.

Nurses seem to have a habit of marrying, acquiring a family, losing the husband, or having him disabled or worthless on their hands, and then going back to work at their profession. It is apparently up to the doctors to take care of the whole koodle of them. When confronted with this problem, the doctor feels very much like poor old Andy with his familiar "Oh, me!"

The important point to consider in all this discussion is not whether we should become hard-boiled and refuse to uphold the traditions of courtesy, but whether we have allowed these courtesies to drift along, blown this way and that, until they begin to take on the nature of unwarranted impositions. The matter of courtesy needs explicit definition.

Certainly, the full-time-employed nurse in industry or civil life has no business expecting the doctor to treat her for nothing—for instance, school nurses, training school supervisors, public health nurses, and nurses in executive positions. They are no

longer practicing the profession in the way in which there is any sister-and-brotherhood of service. They have passed through it to job-holding.

The same discussion would arise concerning other hospital attaches. Should technicians, physiotherapists, dietitians, managers, or, for that matter, superintendents, be taken care of by the doctors for no pecuniary consideration? A great many of them are, and they contribute nothing to the financial advancement of the medical profession. In fact, if it were not for the profession, they would not have any jobs at all.

Usually a resident is asked to give first advice, and an attending man called in for confirmation or consultation later on, without any idea of imposition ever entering the heads of those receiving the attention. If they were employed by a beauty parlor, or bakery, or gymnasium, they would be doing much the same kind of work and would have no call upon the doctor. So why should the soft hearted—and soft headed, it must be confessed—medical man let himself be imposed upon through mere proximity?

There are even druggists who think their "profession" is closely enough allied to warrant their edging in on this consideration.

[TURN THE PAGE]

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places the patient at ease, complications are avoided and a shortened period of treatment results.

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is Painless, Non-Irritating and Non-Toxic.

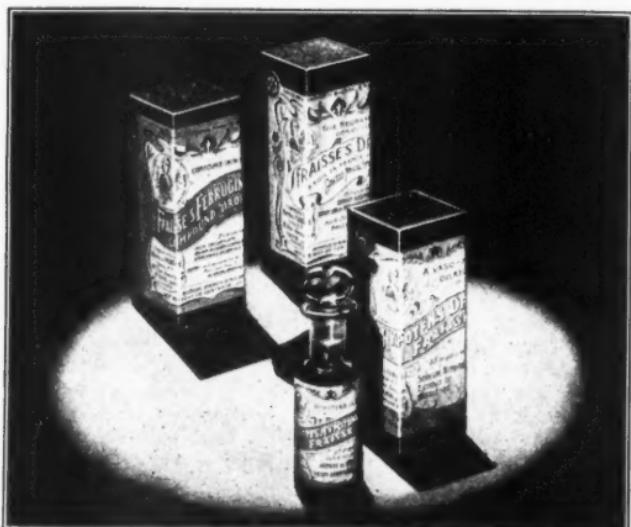
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They think because they send the doctor a thermometer at Christmas time, that they are entitled to run in and get advice and service throughout the entire year. He is "my friend, the good old Doctor," whose hours mean nothing, whose convenience and income mean less to the breezy individual downstairs on the corner, who does not hesitate to give away the doctor's best advice with a dollar and a half bottle of counter-prescription. Of course this situation is not universal; but in suburban practice, where the doctor's office is often upstairs over the corner store, and where frequent dropings in for the latest story are too often the case, the imposition can easily develop.

And ministers—who should finance their care when they are sick? It has always been tacitly looked upon as a duty of the medical profession, probably because the medical profession accepted it years ago, without question, and has never brought the point up since.

Yet why should the doctor do it? Certainly ministers have nothing equal to give them in return. And if the doctor is a member of the minister's congregation, he is not expected to deduct the fee he should be collecting from his contribution. No one else from the congregation is called upon for such extensive and valuable extra donations.

Most present day ministers live as well as their contemporary medical confreres. It doesn't cost a minister much of anything to do his work. Every move a doctor makes costs him money and the toll of legal responsibility. Yet if you want to see an exhibition of scorn in its most exaggerated sense—send a bill for medical services to a minister of the Gospel.

The doctor gets so used to being expected to give away his means of livelihood that approaches from new angles all the

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M. E. II-7

time do not surprise him. The profession has given way so readily to one encroachment after another that stemming the tide is almost a foreign thought.

I once knew of a case in which a contributor to a hospital fund (and his contributions were not so large either) presumed upon courtesy service to the extent that he would send in his distant relatives for free care. The executives and staff of the hospital both felt that it was an imposition, but for a long time they handled these should-be-full-pay patients without question or comment.

I believe this subject of courtesy service is important enough for consideration and action by the county society. Let us overhaul the principles we have been following semi-consciously, and define our etiquette as it concerns gratis treatment. Let us make it clear to one another how much we should expect. We need not abandon the fine thing called courtesy in order to do this. But we do want to abandon the notion that medical service is a cheap commodity, to be bandied about at the whim of Tom, Dick, and Harry.

It is up to the medical society. The matter should receive official discussion. With official backing, the timorous man who is always striving so hard to conform to the strict letter of ethics, will be able to inject a little comfort and fairness into his situation.

## This Matter of Health Education

[FROM PAGE 30] good many talks on tuberculosis, cancer, heart disease, and goiter have been given upon request; but, as a rule, in requests for speakers, interested groups usually desire a general health talk only.

Keeping abreast of current affairs is one of the predominant activities of our Educational Committee. Promoting health campaigns for other agencies also absorbs a considerable amount of its time.

Speakers are scheduled to talk on tuberculosis during Early Diagnosis Campaigns. Talks on animal experimentation are given when this subject is of paramount interest. Formal and informal programs are arranged for presenting subjects relating to the Summer Round-Up of the Illinois Congress of Parents and Teachers.

American Education Week and Health Promotion Week are also supported. Diphtheria immunization and periodic health campaigns promoted by county medical societies receive help through the Speakers Bureau.

The Committee makes no attempt to organize lay meetings.

[TURN THE PAGE]

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IN the evening of life, when the digestive and metabolic functions of the body are on the wane, the problem of nutrition becomes one of vital importance. Mastication may be difficult, digestion impaired, elimination faulty. These and other inhibitions may form a nutritional "inferiority complex," hard to combat.

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It gives its services only to those organizations which plan and sponsor special health programs on their own responsibility. Health talks have been given before every type of group: women's clubs, men's clubs, churches, parent teacher associations, factory gatherings, teachers' institutes, farmers' institutes, high school classes and others.

The Committee has even cooperated with Marshall Field & Company, large Chicago department store, in a series of talks to young mothers. The talks were interesting and the meetings well attended. Speakers were furnished by the Educational Committee.

The Chicago Herald and Examiner published a Child Health Magazine supplement in its Sunday edition of January 17, 1932. Much of the material used in this section came from the office of the Educational Committee. This newspaper also sponsored three monthly meetings at the Chicago Civic Theatre, with speakers on pediatric subjects suggested by the Educational Committee.

The radio offers unequalled opportunities for presenting authoritative medical information. Of course, we know from our own observation that many of the so-called health talks broadcast are of a definitely inferior sort. At the same time, some excellent material is being offered to radio audiences.

The Illinois State Medical Society, for example, has used various stations in Chicago, and at present broadcasts five regular weekly talks. There is also a daily talk, in cooperation with the Chicago Pediatric Society, known as the Young Mothers' Hour.

For these radio talks, individual physicians are asked to prepare papers. The papers are then sent to the Educational



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safer and  
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**A**s a contrast to the irritant and unnatural action of the usual cathartics, more and more physicians are recommending the use of a natural bowel corrective in

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Do not confuse Psylla with the ordinary commercial psyllium, because Psylla has been subjected to a number of cleansing processes to rid the original seed of waste material and to render it SAFE FOR HUMAN USE.

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**INDICATIONS**—Sleeplessness, nervousness, neuralgia, headache, convulsions, colic, irritability, delirium of fevers, acute alcoholism, mania, epilepsy, drug addictions, etc.

**DOSE**—One-half to one fluid drachm in water or syrup every hour until sleep is produced. Bromidia should be given to patients under conditions favorable to its action, *viz.*, in bed or reclining in a quiet, darkened room.

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**INDICATIONS**—The same as opium or morphine, with less tendency to cause nausea, vomiting and constipation. Insomnia due to actual pain as distinguished from that due to irritability of the nervous system, which calls for Bromidia. A useful adjunct in cough mixtures. A safe opiate for children.

**DOSE**—For adults, one fluid drachm pure. For children under one year 2 to 10 minimis.

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**INDICATIONS**—In all breaking down conditions of the fluids, tissues and corpuscles, dyscrasias of the secretions, blood poisoning or tissue disintegration. In typhoid, eruptive fevers, small-pox, erysipelas, carbuncles, boils, gangrenous wounds, ulcers, abscesses, stings of insects, snakebite. Valuable as a local application in all pustular formations, fresh cuts and infected wounds.

**DOSE**—Internal: A teaspoonful every 2, 3 or 4 hours, preferably after food. External: Diluted with 2 to 10 parts of boiled water, or if necessary full strength.

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**INDICATIONS**—Syphilis, hereditary or acquired, scrofulous and glandular ailments, gouty and rheumatic disorders, skin affections, chronic diseases of women, and whenever a safe, effective and reliable tonic alterative is required.

**DOSE**—Two teaspoonfuls three times a day, before meals.

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*Chemists' Corporation*

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Committee for editing and censoring. Later they are broadcast by speakers announced as members of the Illinois State Medical Society.

No treatment for any ailment is permitted in these radio discussions. Copies of every radio talk given are kept on file at the office of the Committee. Last year 416 health educational talks were given over the radio by physicians for the Educational Committee. Letters referring to these radio programs have been received from Mississippi, Iowa, Indiana, Wisconsin, Michigan, Ohio, Illinois, North Dakota and Minnesota, although no announcement is made that copies of the material are available.

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Almost all important magazines and newspapers are now publishing a health column. The Educational Committee has gone into this field also to supply a demand from the press. About one hundred newspapers in Illinois carry a daily or weekly health column over the signature of the local county of the Illinois State Medical Society. Others use a monthly health column.

An attempt is always made to release material of current interest. By injecting into these discussions the news element, they become doubly interesting. Note is made of epidemics, and educational material on these diseases is sent out to newspapers. During Health Week, special articles are supplied to all newspapers in the State.

News items relative to medical meetings are sent to newspapers in and around the communities

where such meetings are to be held. There notices have been valuable in keeping the public informed of medical activities. Over 11,000 releases were sent out last year.

In the past twelve months, 130 moving picture films were secured for lay and medical groups. These came from the State Department of Public Health, from the U. S. Bureau of Mines at Pittsburgh, from the Metropolitan Life Insurance Company of New York, and from the Y.M.C.A. Twenty-five poster exhibits were sent to schools, furnishing subject material for themes in classes.

Last spring twenty-four package libraries on the subject of state medicine were furnished to debating teams of universities in Illinois, Michigan, and Indiana. A total of 365 package libraries were loaned to physicians; and twenty-five special folders were compiled upon requested subjects. The Committee also operates a clipping file of all health and medical material which may be referred to by any physician of the State.

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The Committee has always considered the county medical society supreme in its own sphere. No work is carried on in a county by the Committee until the consent of the local physicians has been secured. We believe this is important, and we know that it has worked most successfully in our educational program. We keep the physicians continually informed of the services we have to offer.

While we have been sponsoring

**Increases Flow of Bile....Increases Peristalsis**

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*Samples and full information on request.*

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**HABITUAL  
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THE PRINCIPAL ingredient is a tree sap which comes from India. This material has tremendous swelling power which produces

## BULK PLUS MOTILITY

which is brought about by the addition of a small amount of frangula. The gastrointestinal tract is stimulated to a natural activity. The result is a smooth stool moving regularly, without gripping or intestinal disturbance.

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**SCHERING CORPORATION**  
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an educational program for the public, we have not been idle in educating the physician. In 1926, our Council created a sub-committee of the Educational Committee, to map out a program for county societies. Its purpose was to make available to county secretaries, speakers on any subject that might interest the society. By being assured of their ability to secure speakers, it was hoped that these societies would be encouraged to meet more frequently.

Efforts have been made to further a study of those aspects of medicine which were apt to put the doctor in a bad light in the public eye, such as the infant and maternal rate. More meetings have been encouraged to present talks on obstetrics and pediatrics. At the present time plans are under way for the preparation of slides and lecture outlines in the field of obstetrics and gynecology. These will soon be available to interested physicians.

By way of further organizing the work of the Educational Committee, the entire field of medicine has been divided into its distinct branches. Groups of men particularly qualified in these fields have been asked to outline their respective subjects before county societies. The response has been generous in both cases, and men have given freely of their time.

Last year alone, 116 speakers were scheduled to address our county medical societies. Programs were arranged, pathological conferences sponsored, and post-graduate groups and clinical teams were sent out to the component medical societies (in the majority of cases without charge). The medical schools of Chicago gave excellent cooperation to this work.

A number of crippled children's clinics have been conducted in several counties, under the direct supervision of the local societies.

[TURN THE PAGE]

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There is never any reluctance on the part of children or adults in taking Liquid Peptonoids with Creosote. It is palatable, non-irritating and can be retained by the most sensitive stomach. Clinical test will prove the value of this product as a bronchial expectorant and sedative. The coupon will bring samples and literature.

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YONKERS, N. Y.

Gentlemen:

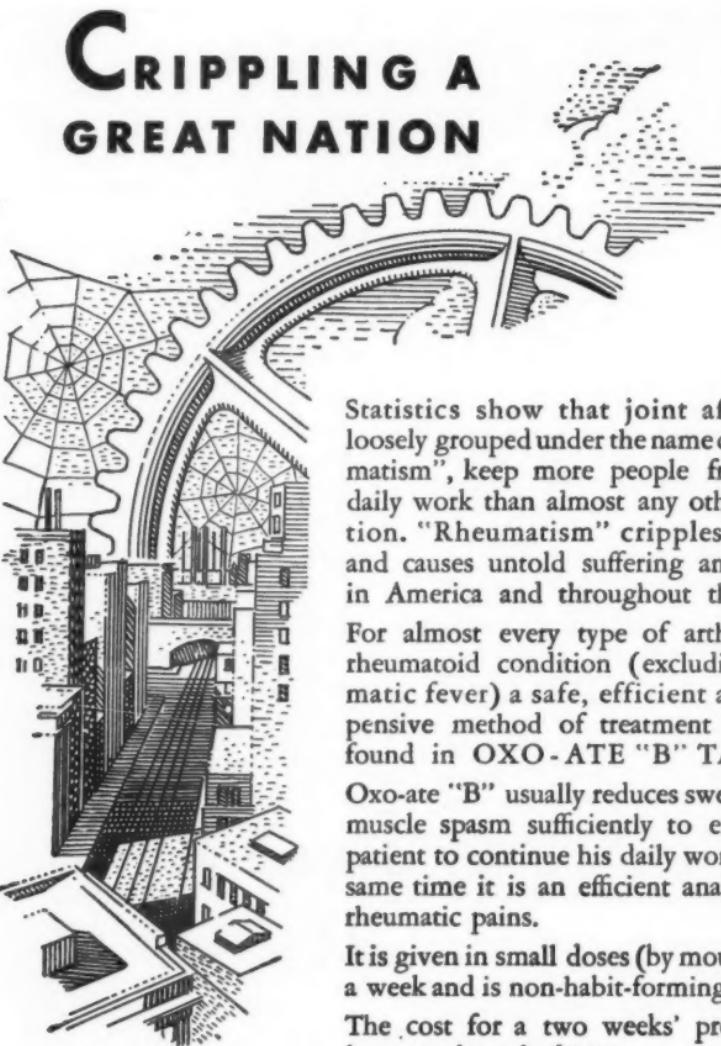
Please send me a sample  
of Liquid Peptonoids with  
Creosote.

ME-11

Dr. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_



Statistics show that joint affections, loosely grouped under the name of "Rheumatism", keep more people from their daily work than almost any other condition. "Rheumatism" cripples industry and causes untold suffering and misery in America and throughout the world. For almost every type of arthritis and rheumatoid condition (excluding rheumatic fever) a safe, efficient and inexpensive method of treatment is to be found in OXO-ATE "B" TABLETS.

Oxo-ate "B" usually reduces swelling and muscle spasm sufficiently to enable the patient to continue his daily work. At the same time it is an efficient analgesic for rheumatic pains.

It is given in small doses (by mouth) twice a week and is non-habit-forming and safe. The cost for a two weeks' prescription is approximately \$1.50.

SAMPLES AND LITERATURE UPON REQUEST

## OXO-ATE "B" TABLETS

(*Calcium Ortho-Iodoxybenzoate*)

FOR ORAL ADMINISTRATION

EST. 1841

SMITH, KLINE & FRENCH LABORATORIES  
105 NORTH FIFTH STREET, PHILADELPHIA, PA.

The clinician in each instance is a prominent specialist sent from the Scientific Service Committee.

Some of our counties with only eight or ten practicing physicians, all members of the local county medical society, have sponsored scientific meetings which have been attended by more than 150 physicians. The Educational Committee has assisted by sending out notices to physicians and by having announcements published in all the newspapers. The Scientific Service Committee has supplied the programs.

\*

From time to time, studies of special problems of current interest have been undertaken. Such subjects as mental hygiene, neurology, and psychiatry have been carefully investigated. A committee was formed to study the infant and maternal mortality rate also, and to devise ways and means to bring better obstetrical and pediatrics programs to our county societies.

Today we find an increasing amount of writing and discussion on such subjects as the costs of medical care and medical economics. The Committee has therefore secured speakers able to present these topics to medical societies.

To send out notices of meetings and to furnish news items of meetings and speakers is another

task of the Educational Committee. These times are interesting to the reading public and they keep the medical organization before the public.

The Educational Committee acts as a liaison committee between the Illinois State Medical Society and the various lay organizations interested in health activities. County medical societies have been of infinite value in strengthening these contacts and thereby increasing our influence with the various lay groups of the State.

Since it began its work originally, the Educational Committee has been trying to teach lay groups to consult their local county medical society in all health matters. It has also attempted to show that all clinics, baby shows, or other health movements should first be approved by the medical men and conducted under their supervision.

We found before this work was attempted that many lay organizations were promoting health activities without any organization and with an unnecessary overlapping of service. By coordinating these various activities and placing them under medical society supervision, much of this confusion has been eliminated and the efficiency of the service thereby improved.

The Illinois Federation of Women's Clubs and the Parent



X-ACTOS are perfectly ground, that's why they work so smoothly. Lower prices bring the highest quality attainable in a syringe at the cost of an ordinary one.

*Write for FREE Needle*

23 East 21st Street, New York

S. DONIGER & COMPANY



X-ACTO Needles are sharp and resist corrosion because they are made of the famous KRUPP V2A Rustless Steel. Yet they are priced so low it is real economy to use them.

# The New ARGYROL TABLETS meet with instantaneous favor



## BECAUSE

1. They save time; you don't have to send out for your solution when you're in a hurry.
2. They are economical; no waste.
3. They insure a fresh, accurate solution whenever you need it.
4. They guarantee genuineness; you know what you are using.
5. They insure uniform results; all tablets weigh exactly six grains.
6. They enable you to make as little or as much as you require, whenever you require it.
7. They contain no binder or filler, nothing but pure Argyrol.

**P**hysicians who are using these tablets are gratified by the ease with which they can get whatever strength they desire. For example, 4 tablets in an ounce of water make a 5% solution and other strengths can be gauged in proportion. Many carry a supply of the tablets in their hand bags and make fresh solutions as needed. Let your druggist supply you with a package of 3 vials containing 60 tablets. Make your solution for office use fresh every morning. You will notice improved results.

**A. C. BARNES COMPANY, INC.**

*Sole Manufacturers of Argyrol and Ovoserrin*

New Brunswick

New Jersey

Teachers Association, both having in Illinois a membership of approximately 80,000, give an unusual degree of cooperation in our health campaigns. The Society has insisted that preschool child examinations be made by the family physician in private, and at a reasonable charge when the families are able to pay.

This view has been approved by the organizations sponsoring the examinations, and has worked to the benefit of the individual mothers who have taken their children to be examined. Reports indicate that the individual counsel of a family physician is always preferred.

The Society disapproves of group examinations at clinics or elsewhere, and insists that medical services be charged for except in the case of indigents. We define medical charity cases as those which receive charity from other organizations or agencies.

Our relations with the Illinois Department of Health have always been cordial, especially during the time the Educational Committee has functioned. We have enjoyed contacts with many groups in the State, and have welcomed the opportunities offered to iron out past difficulties.

This is the story of what Illinois has done in the line of health education. The idea has taken firm root, and will unquestionably continue to grow, into ever broader and more valuable activities.

Meanwhile, similar progress is taking place in other medical societies in other States. Interchange of information regarding these activities will be a definite spur to further progress. That is why this article was written.

We of the Illinois State Medical Society hope that our account will do its share in stimulating health education on the part of organized medicine.

## The Modern Poultice

The poultice idea is as old as medicine itself, and has survived through all the advances in medicine, because it has a definite field of therapeutic usefulness.

Now the poultice has become modernized and more effective. It is no longer a poultice—it is a cataplasm. Instead of employing the old-fashioned linseed or messy ingredients, it uses kaolin (colloidal aluminum silicate) as a menstruum.

To the colloidal aluminum silicate in the cataplasm-plus or modern poultice is added the medicinal agents—guaiacol and creosote—which are quickly absorbed through the skin, and exert their analgesic and antifebrile action—rapidly, safely and without gastric disturbance.

You are afforded the full effect of this useful cataplasm-plus in

## NUMOTIZINE

### HERE IS THE FORMULA:

Guaiacol 2.6  
Creosote 13.02  
Methyl Salicylate 2.6  
Formalin 2.6  
Quinine 2.6  
Glycerine and Aluminum Silicate, q.s.  
1000 parts.

*May we send you literature  
and samples?*

**NUMOTIZINE, Inc.**  
**900 North Franklin St.,**  
**Chicago, Ill.**

Dept. M. E. 11



Applying the cataplasm-plus to the lumbar region.

# FREE OFFER

To Professional Men  
(for limited time only)

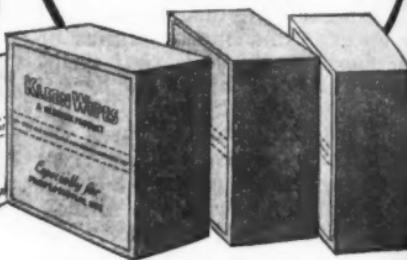
## BUY THIS

1 doz. pkgs. 15" x 18" Kleenex at \$2.90



## GET THIS FREE

3 pkgs. 5" x 9"  
Kleen Wipes



Or get 9 pkgs. Kleen Wipes FREE  
with your order for 3 doz. (1 case) 15" x 18" Kleenex

## FREE

—this Metal  
Kleenex Cabinet

On request with your  
order



THE greatest Kleenex offer ever made! With every dozen 15" x 18" Kleenex at the special professional prices you get FREE 3 packages of Kleen Wipes—disposable tissue like Kleenex in every respect except size. They are 5" x 9"—packed 136 to the box. Order now—while this remarkable offer lasts. You will also want the white metal wall cabinet to hold 15" x 18" Kleenex. It's FREE! Request when mailing order form below to your supply house.

This offer good in U. S. A. only

Mail this order form to your supply house

Gentlemen: Please send me Date.....  
 1 doz. Towel Size Kleenex (15" x 18") . \$2.90  
 with 3 pkgs. Kleen Wipes FREE.  
 1 case (3 doz.) Towel Size Kleenex  
 (15" x 18") . \$7.95  
 with 9 pkgs. Kleen Wipes FREE.  
 (This offer is for limited time only)

Signed .....  
 Address .....  
 City ..... State ..... ME-11

# Tours and Cruises » FOR PHYSICIANS AND PATIENTS

**Editor's Note:** These brevities are listed as a service to our readers. It will facilitate the handling of your request, when writing to companies, if you will include "ME Item 11-32" as part of the address.

**MEDITERRANEAN CRUISE:** Vacationists who take the twelfth annual cruise of the Holland America Line will leave New York on the S.S. Statendam, February 9, 1933. In fifty-six days they will visit practically all the significant ports on the Mediterranean. The rates are \$495 up. A descriptive booklet has been issued by the Holland America Line (ME Item 11-32), 21 State St., New York.

**FRANCE:** This thirty-three page book, artistically illustrated in rotogravure, includes maps, lists of hotels, and data on the various celebrated French resorts. For a copy, write the French Railways Official Tourist Bureau (ME Item 11-32), 1 East 57th St., New York.

**THE SEVEN SEAS:** This is the title of a travel bulletin, giving the name of every passenger ship leaving New York for six months to come, the date and hour of its departure, its destination, how long it will take to get there, and a complete scale of fares. The bulletin may be obtained from Geo. E. Marsters, Inc. (ME Item 11-32), 248 Washington St., Boston, Mass.

**EUROPE FOR INDIVIDUAL TRAVELERS AND PRIVATE PARTIES:** If a conducted tour does not appeal to you, and you wish to travel independently at a minimum of bother, send for this folder. It tells how. Address: Thos. Cook & Son, Wagons-Lits Inc. (ME Item 11-32), 587 Fifth Ave., New York.

**PERU—23 DAY CRUISES:** From New York to Panama, through the Canal, down South America's West Coast to Lima and Callao, Peru—then back to New York by way of Havana; described in a folder offered to physicians by the Grace Line (ME Item 11-32), 10 Hanover Square, New York.

**BETWEEN THE LOIRE AND THE GARONNE:** This booklet gives data on a district of France which does not lie in the regular tourist traffic lane, but is none the less quaint and inviting. For a copy, write Railways of France (ME Item 11-32), 701 Fifth Ave., New York.

**YELLOWSTONE AND GRAND TETON NATIONAL PARKS:** Here is a large, tastefully illustrated booklet devoted to America's largest and best known western playground. A copy will be mailed gratis to physicians by the Union Pacific System, Passenger Department (ME Item 11-32), 6 South La Salle St., Chicago, Ill.

**ALONG THE PICTURESQUE POTOMAC:** This brochure presents a colorful geography and history of the Potomac River valley between Washington, D. C. and Cumberland, Maryland. Copies are offered by the Baltimore & Ohio Railroad (ME Item 11-32), Baltimore, Md.

**TRAVEL MAP OF EUROPE:** When you sit down to figure out that trip through the Continent, you will find this map exceedingly helpful. It gives distances between cities. Address requests to the International Mercantile Marine Co. (ME Item 11-32), 1 Broadway, New York.

**CIRCLE TOUR BETWEEN NEW YORK AND CALIFORNIA:** This tour includes railroad tickets from and back to your home town. You go around





- BiSoDoL offers an effective prophylaxis against cyclic vomiting, the morning sickness of pregnancy, etc.

## THE ADJUNCTIVE VALUE OF A BALANCED ANTACID

- So many disease conditions are believed to be associated with hyperacidity or acidosis, that alkaline medication is playing an important part in association with more specific therapy.
- Thus, many authorities have stressed the importance of giving alkalis along with the salicylates and cinchophen in rheumatic and arthritic troubles. Similarly, the importance of alkalis has been emphasized in the treatment of colds and respiratory troubles.
- An effective and at the same time safe and pleasant form of alkal medication is available in the balanced antacid—BiSoDoL.
- Not only is it used in association with other forms of drug treatment, but given alone, it quickly relieves the well known symptoms associated with gastric hyperacidity.
- The BiSoDoL Company  
130 Bristol Street  
New Haven, Conn.

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thirty-five  
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America by boat and across America by train. For the prospectus write the Panama Pacific Line (ME Item 11-32), 1 Broadway, New York.

**AUSTRALIA CALLS YOU:** The thirty-five pages of photographs and particulars on Australia in this booklet are full of interest for either the real or the stay-at-home traveler. A copy may be obtained from the Matson Line (ME Item 11-32), 215 Market St., San Francisco.

**ECONOMICAL SEA VACATIONS:** Winter vacationers in the East, having a week or two free, can enjoy the tonic effect of an Atlantic coastwise cruise at surprisingly low cost. A descriptive folder will be mailed free by the Clyde-Mallory Lines (ME Item 11-32), Pier 36 North River, New York.

**THE ROCK OF GIBRALTAR:** Much of the history of the Mediterranean is linked with this landmark. An illustrated resume of the Rock is given in a booklet offered by the Cosulich Line (ME Item 11-32), 17 Battery Place, New York.

**THANKSGIVING DAY CRUISE:** For as little as \$50, one can take this 4½ day excursion to the Bahamas, aboard the S.S. Columbus. Sailing date: November 24. Full particulars may be had from the North German Lloyd (ME Item 11-32), 57 Broadway, New York.

**GENOA:** The profusely illustrated pages of this booklet lead the reader through the palaces, art galleries, cathedrals, and picturesque streets of Genoa. A good-size map is also included. For a copy, address the Italian Line (ME Item 11-32), 1 State St., New York.

**HOTELS IN GREAT BRITAIN:** This book sets forth the principal features of leading hosteries in the British Isles. It includes explanatory notes in French, German, Italian, and Spanish. A copy may be obtained from the Travel and Industrial Development Association of Great Britain and Ireland (ME Item 11-32), 295 Madison Ave., New York.

**COASTWISE PASSENGER SERVICE:** A new schedule of fall sailing dates and rates between the principal Atlantic Coast ports, from Boston to Miami, has just been issued by the Merchants and Miners Transportation Co. (ME Item 11-32), 112 So. Gay St., Baltimore, Md.

**VAGABOND MEDITERRANEAN CRUISES:** Here is a lively-looking folder that tells you how to cruise the Mediterranean for less than \$5 a day. If you don't believe it can be done, write to the American Export Lines (ME Item 11-32), 25 Broadway, New York.

# Benzoinol

## Used 43 Years for treating Diseases of Nose and Throat

A highly refined and purified petroleum product in which Gum Benzoin has been incorporated by our special process.

Benzoinol is supplied PLAIN and in various combinations.

These preparations greatly extend the field of indications for Benzoinol. They are made with special care in our laboratory, according to formulas of recognized therapeutic efficiency, and their constituents are of high chemical purity and reliability. The variety of combinations permits of a wide choice according to the requirements of the individual case.

Benzoinol PLAIN can now be obtained in handy form, in 1 oz. bottles with droppers, and also in 4 oz. bottles for refills, at all leading Drug Stores.

### LITERATURE ON REQUEST

Schaeffelin & Co., Selling Agents  
16-26 Cooper Square, New York

Made by Benzoinol Mfg. Co.,  
90 West St., New York



This NEW Davol ANTI-COLIC brand NIPPLE has the SANI-TAB\* for safety and convenience.

Protects the sterilized rim of the nipple from contamination by finger and thumb when applying. Makes application easier. An exclusive feature of the genuine ANTI-COLIC brand 3 hole nipple.

\*Protected by U. S. (and foreign) patents.

### MAIL COUPON FOR FREE SAMPLE

Davol Rubber Co., Dept. B II, Providence, R. I.  
Please send free samples of Sani-Tab Nipple and bottle cap.

Name .....

Address .....

City—State .....

"I expect to prescribe

# MAZON

*exclusively, from now on after  
seeing the positive results at first hand."*

This statement, from a physician, is expressive of the professional confidence in Mazon.

Mazon was formulated after years of research and clinical experimentation by the former chief pharmacist of a prominent Hospital in Philadelphia. The collaboration of members of the Medical Staff of this institution was instrumental in perfecting the formula.

The therapeutic properties of Mazon make it unusually effective in a large number of microbial and parasitic dermatoses, and are gaining for it a steadily increasing popularity among exacting physicians.

#### MAZON MODERNIZES DERMAL THERAPY

It is completely and rapidly absorbed, bandages are eliminated, there is no greasy residue, itching is allayed immediately and the results are positive.

#### MAZON SOAP

properly balanced and absolutely pure, cleanses and prepares the skin for the absorption of Mazon. Physicians find it an ideal soap for office use.

#### PLEASE PRINT

BELMONT LABORATORIES, Inc.,

M.E.S.

4430 Chestnut St., Philadelphia, Pa.

Please send me trial supply of Mazon and Mason Soap.

Dr. \_\_\_\_\_

Address \_\_\_\_\_

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#### INDICATIONS:

ECZEMA  
PSORIASIS  
ALOPECIA  
RING WORM  
DANDRUFF  
ATHLETIC FOOT  
AND OTHER SKIN  
DISORDERS

November

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I bri the ma for a p work a to visit

## Merchant Looks at Medicine

[FROM PAGE 18] heard that it is possible to eliminate entirely the common cold; but I know from experience in our Boston store that medical treatment in the early stages will greatly reduce its length and severity. Every worker, however, does not have access to a convenient, free, or minimum-cost health clinic. It will take considerable education to lead these uncared-for groups into the habit of promptly visiting a doctor. Medical care costs must be reduced to make such education possible.

I bring this point up because the masses often think it cheaper for a person to lose a few days work and to treat himself, than to visit a physician. There are,

of course, free dispensaries; but it is generally recognized that the average American is not prone to accept anything which appears as charity.

On the other hand, if the great number of people who now rely on self-medication could be led into the habit of obtaining professional medical care, the costs of treatment could be reduced well within the means of the average family. Medical care as a vital part of the family budget would be recognized; families would be able to pay their doctors' bills promptly; the medical profession would be placed on a more sound financial footing; and American industry would benefit by untold hundreds of millions annually.

Aside from the fact that medical treatment creates a serious financial burden to the average family, it is often difficult to get medical attention without considerable waste of time. Both



# COLLENE

REG. U. S. PAT. OFF.

THE SOLUTION FOR INFECTION

### ARE YOU USING COLLENE?

A colloidal solution containing ionic silver which has been endorsed by physicians and hospitals for ten years. Use wherever a silver preparation is indicated.

**SOOTHING—STABLE—NON-STAINING—NON-TOXIC**

COLLENE LABORATORIES Inc.  
P. O. Box No. 27, Long Island City N. Y.

M-11-32

I shall be pleased to receive without charge literature and my twin samples of Collene.

M.D.

# ★ Analgesic ★ Antiseptic



There is nothing debatable about the analgesic and antiseptic qualities of Unguentine. They have been amply proven by laboratory tests and the clinical experience of many years. Of importance to the physician is the fact that Unguentine dressings simplify treatment. Unlike wet dressings, they do not require frequent

renewal and interruption of the patients' work. Unlike dry dressings, they do not adhere to the wound and cause needless pain. We commend Unguentine to your renewed consideration for minor injuries and skin irritations as well as for burns.

*Sample free to physicians  
on request.*

The Norwich Pharmacal Company,  
Norwich, N. Y.



Norwich

# UNGUENTINE

*an ideal surgical dressing*

These factors are a handicap to working people.

Consider the not-extreme case of a fairly healthy person suffering from a run-down system. It may require days or weeks of passing about from one specialist to another to get the proper attention for one's entire body. It strikes me that a person's body is very much like an automobile. It needs fair treatment, good gas and oil, an occasional overhauling; and it should not cost a month's wages to be reconditioned.

Except in a hospital or in one of the few medical guilds available, I can think of no present day in which the lower-income person may be quickly and reasonably overhauled by specialists. At the automobile owner leaves his car at a garage where it is checked in time-saving order, very defect receiving specialized attention.

The decentralization of medical care is more expensive to the profession than centralization would be. Consider doctors X, Y, and Z, all closely associated in their work, each sending patients to the other for special treatment, and possibly each on a different side of a large city. If they are not doctors at some hospital, they are in their offices only two or three hours each day. If it were necessary for me to see all three of these men, it might easily require a week, or even two weeks, to be diagnosed and have my treatment begun.

Doctors X, Y and Z not only cost me a waste of valuable time, but they are spending hard-earned money of their own in needless overhead. This overhead results in higher charges to patients. Each practitioner may have a secretary, a nurse, or both. Each carries the expense of a separate office, a separate waiting room, and expensive duplicated equipment such as an X-ray machine.

Assume that I ought to see

## SOIL

Focal infection and its sequel, retention of nitrogenous wastes, are forbidding "soil" for recovery from disease.

When you prescribe Urasal (Horner) as supplementary medication, you obtain earlier response in most infections of serous and mucous membranes. Consider these five reasons why Urasal prepares a favorable "soil."

1.

Inhibits dangerous bacterial growth in important portals of entry — urinary, intestinal and biliary tracts.

2.

Its prime ingredient considered the most potent remedy in generalized colon bacillus infections.

3.

Promotes uric acid elimination.

4.

Inhibits intestinal putrefaction.

5.

Acts always as a powerful urinary antiseptic.

**Indications:** Infectious diseases of urinary, upper respiratory, intestinal and biliary tracts; focal infection and faulty nitrogenous elimination; subacute and chronic rheumatic affections.

An ethical product.

Formula on request.

for supplementary medication in infectious diseases	for specific medication in urinary tract infection
--	---

Granular Effervescent

## URASAL

(HORNER)

FRANK W. HORNER, Inc.,  
Lynn, Mass.

Please send trial amount of Urasal and descriptive literature.

M. D.

# SANDALWOOD OIL THERAPY

*On Which You  
Can Depend*

You need no longer hesitate to use sandalwood oil medication for acute inflammations of the urinary tract—for *Gonorrhea*, *Cystitis*, *Vesical Catarrh*, *Prostatitis*, *Posterior Urethritis*, *Pyelitis*, *Pyelonephritis*. You need no longer fear your patients will suffer urinary or gastro-intestinal disturbance. The uncertainty and unreliability as well as the unpleasant side-effects of sandalwood oil therapy are eliminated with

## ARHEOL (ASTIER)

Arheol is a standardized, uniform product on which you can depend. It is all sesquiterpenic alcohol ( $C_{15}H_{20}O$ ), the active principle of sandalwood oil and contains never less than 98% of *santalol*. Being free from all the therapeutically inert but irritating substances found in even the best grades of sandalwood oil, it does not cause urinary or gastro-intestinal disturbance.

*Write for Information and Sample*  
**GALLIA LABORATORIES, Inc.**  
450 Seventh Ave., New York



## EFFECTIVE IODINE MEDICATION *Without Iodism*

The administration of iodine is indicated in *Arteriosclerosis*, *Cardiorenal Disturbances*, *Bronchial Asthma*, *Chronic Bronchitis* and *Pulmonary Emphysema*, *Chronic Rheumatoid-Arthritis*, *Goitre*, *Syphilis*, and many other conditions. Its prolonged use in ordinary forms, however, leads to systemic disturbances, called iodism. The danger of iodism is reduced to a negligible factor by prescribing

## RIODINE (ASTIER)

Riodine is a 66% solution in oil of an iodized glyceric ether of ricinoleic acid and contains about 17% by weight of iodine, that is in a form which gives maximum results with minimum dosage. Riodine insures retention of iodine in the body for as long as 84 hours, thus obviating the necessity of frequent and large doses, the cause of iodism.

*Arheol and Riodine are both "Council-Accepted" products*

all three doctors, but am prevented by business from spending much time outside my office. I may visit doctor X only; and, feeling better after his treatments, neglect to call upon the other two.

•

Of a contrasting nature is a recent actual experience of my own: Before leaving for Europe in the spring, I visited a group clinic. In a few hours I was thoroughly examined, received a report showing me physically fit and well able to stand the rigors of a summer of intense work in Europe.

I was also warned of possible minor ailments, not serious at the moment, but liable to develop into serious weaknesses if allowed to go uncared for. If it had been necessary to visit the individual offices of the large staff of doctors that examined me, it would have taken perhaps a week of valuable time.

As matters stood, my health was checked up in less than an afternoon; I was reminded of possible dangers, and advised to see my regular practitioner in the near future. The point which I hope the illustration proves is that the average man is prone to let his body chug along on two cylinders just as long as the missing cylinders fail to cause discomfort. This is loss of revenue to physicians, and is a contributing factor to their high sales costs.

•

With all the scientific progress of medicine during the past twenty-five years—and it has been a series of exciting and glorious achievements—the organization and business methods of the profession are not meeting the economic needs of the day. The point is that these methods must be made to meet the needs of the day if the profession is to continue the high standing it has

## These Fall Days

Those dear old school days only appear so to us because they're in retrospect. To some children they bring worry, distress, fatigue, upset stomachs, coughs and colds and debility. Children need building up these fall days.

**MORRHUOL**  
(Chapoteaut)

is an excellent builder. A concentrate of cod liver oil containing Vitamins A and D, as well as all other valuable therapeutic principles of cod liver oil such as Aselline, Morrhuiine, the Amino-acids, organic iodine and phosphorus compounds, etc. but without the disagreeable oily excipient which is useless. Prescribe Morrhul for children who are run down, or about to fail in health. Prescribe Morrhul these fall days as a prophylactic measure against infectious diseases.

I should like to try Morrhul,  
please.

..... M.D.

..... Street

..... City

The dose is 1 capsule t.i.d. This means 1 tspf. cod liver oil. (3 capsules equal to 1 tspfs. of cod liver oil.) Vials of 100 capsules.

**LABORATOIRE DE  
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92 Beekman Street, New York, N. Y.

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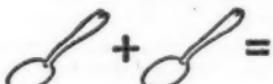
# POTENCY

**that means new dosage efficiency**

The Council on Pharmacy and Chemistry of the American Medical Association has determined that the average prophylactic and curative dose of cod liver oil is one teaspoonful (4 c.c.) three times daily. This assumes an oil of such potency that 4416 U. S. P. vitamin A units and 1468 A. D. M. A. vitamin D units are taken daily.

We have prepared a cod liver oil of higher vitamin potency:

**SCOTT'S NORWEGIAN COD LIVER OIL**



7360  
U.S.P.  
vitamin A units

1840  
A.D.M.A.  
vitamin D units

Scott's Norwegian Cod Liver Oil contains 1000 U. S. P. vitamin A units and 250 A. D. M. A. vitamin D units per gram. Therefore two teaspoonsfuls daily yields a total of 7360 U. S. P. vitamin A units and 1840 A. D. M. A. vitamin D units... more potent than the three-teaspoonsfuls ordinary dose.

Our cod liver oil is completely refined at our own plant in Norway

within five hours after the nets of living cod are pulled in. For this reason the oil is of an extremely fine grade and of extra-high vitamin potency. Yet Scott's Norwegian Cod Liver Oil costs less than ordinary cod liver oil that is less potent (three convenient sizes: 35c, 60c, and \$1.) From this oil, we make our Bloomfield Laboratories dependable, standardized Scott's Emulsion of Cod Liver Oil.

**THE SCOTT & BOWNE LABORATORIES**  
**Bloomfield, New Jersey**

Sales Representatives: Harold F. Ritchie & Co., Inc.,  
Belmont Bldg., Madison Ave. at 34th St., New York

**FISHERIES AND REFINERY: Balsfjord (Lofoten Islands), Norway**

Makers of Scott's Emulsion of Cod Liver Oil, Scott's Norwegian Cod Liver Oil (Plain) and Scott's Norwegian Cod Liver Oil (Flavored).



held in the public mind for the past many years. Only by a reorganization and breaking away from traditional trends of thought can the profession use its scientific efficiency in degree adequate to meet the present needs. Only by steering a new course can it offer the public the fruits of its present knowledge under acceptable conditions.

As matters stand today, a doctor's ledger would confound a department store accountant. His sales methods would strike pity into the heart of a merchant. His credit arrangements and the latitude of his fees would horrify a sales manager.

Curiously, the profession which is most outstanding for its progress in analytical scientific research, suffers most from a lack of that same scientific research in its business methods. I believe that the day has arrived when medicine must begin to reorganize along sound business lines, for its own preservation.

Under the reign of modern mass production and mass distribution, the practice of medicine must be based upon the fundamental factor of giving the utmost for the least cost. That the medical profession is a humanitarian business is no reason why it should not also be a profitable one. The tradition of medicine has been to serve first, to worry about costs afterwards. This is as it should be.

But the service of the profession must continue, must increase. To do this, costs must be reduced within reach of all, yet still yield a profit to the physician.

As a newspaper writer once put it: "The doctors of the world have been the Robin Hoods of the ages, seizing from the wealthy, giving to the poor." A study of the high fees charged the wealthy classes for service similar to that rendered the lower-income classes



## Cystogen

### A Prophylactic of Urinary Tract Infection

Infection along the course of the genito-urinary tract following instrumentation or operative procedure is an unlooked for and oft dreaded complication. It is in such instances that it is highly desirable to impart disinfectant and antiseptic properties to the urine.

In cases of post-operative urinary retention where catheterization is performed until the bladder regains its normal ability to evacuate itself the routine administration of Cystogen is frequently the reason for the non-appearance of a cystitis or other untoward sequellae.

In Tabes Dorsalis, Myelitis, and other neurological conditions in which catheterization is absolutely necessary, the prophylactic administration of Cystogen will either prevent or delay the additional burden of urinary sepsis.

Your patient can secure Cystogen only on your prescription, since Cystogen is advertised only to the profession.

**CYSTOGEN CHEMICAL CO.,  
220 36th St., Brooklyn, N. Y.**

Please send me professional samples of Cystogen and literature.

Dr. \_\_\_\_\_

Address \_\_\_\_\_

ME 11-32

# No other food equals its effect on *Constipation*



**T**HREE cakes of fresh yeast eaten regularly every day . . . that's the simple régime that doctors are so widely recommending in cases of constipation and related conditions of ill health.

In treating constipation, fresh yeast has very obvious advantages over drugs. It is not habit-forming. It does not "gripe" or irritate. Its action on the intestines is actually strengthening. *It is a food.*

Avail yourself of the help Fleischmann's Yeast can afford you in your

own practice. Every cake, remember, is very rich in three vitamins—vitamins B, G and D. Simply recommend a cake before each meal.

Send for Booklet, "YEAST THERAPY"

Health Research Dept., M-U-11, Standard Brands Incorporated, 491 Washington St., New York City.

Please send me the booklet, "Yeast Therapy," based on the findings of distinguished investigators.

Name \_\_\_\_\_

Address \_\_\_\_\_

at less-than-cost prices, bears out the point.

One of the underlying principles of mass production and distribution is that every activity must pay for itself. *SHORT-SIGHTED charity and philanthropy are the noble experimental hangovers from the feudal ages. EFFECTIVE charity cures the ills that make charity necessary.*

I believe that we are about to see a national organization of medical guilds and private group clinics, allowing the average man to have the benefit of expert diagnoses and the best preventive and curative medical advice and care at a price within his means.

I rather like to visualize the picture of John Doe, day laborer, walking into a spotlessly clean office and being met by a white-costumed nurse who leads him directly into the consultation room to keep his semi-annual appointment with the general prac-

titioner. There is a psychological effect to the interview, a stimulus to maintain bodily and mental health at a constant maximum.

The general practitioner studies John Doe's report card, takes tests, reflexes, and X-rays. Perhaps there is the beginning of a spot on the patient's lung, a touch of albumin in his liver, an impaired reflex in his nervous system, or an inflamed tonsil. The practitioner makes out his report, and a uniformed attendant makes appointments for the patient to see certain specialists. When his treatments are finished, John Doe has been completely overhauled and toned up for his work in life.

*Now what would group practice on a large scale mean to the individual physician? Just this: equitable salaries, regular working hours, full medical assistance and facilities for research, the constant use of the newest types*

## FIRST by the

### AMERICAN MEDICAL PROFESSION

Packed  
only in  
sixteen  
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bottles

INTEROL is the original Russian Mineral Oil as used by the American Medical Profession. It is clinically correct. Exceeds the standard of the U.S.P. And is constantly uniform and effective.

Every step in the manufacture of INTEROL is checked by a skilled staff in modern laboratories to maintain the high standard of excellence which is INTEROL'S enviable reputation.

You may place full confidence in INTEROL.

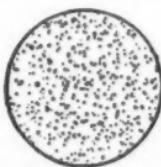
## INTEROL

*The Original  
Russian Mineral Oil*

INTEROL PHARMACAL CO., Inc.  
2346 Third Ave., New York. ME-11  
Please send me professional sample of  
INTEROL.

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Street .....	.....
City.....	State.....

## The Vapex vapor has scientifically demonstrated germicidal power



*Illustration of Staphylococcus aureus (from U. S. Dept. of Agriculture) before exposure to the vapor from .02 cc of Vapex*



*Illustration of the same culture after exposure. No recognizable colony of the bacilli remains*

WHETHER an unknown micro-organism is the specific cause of head-colds is not known. But most of the research has been directed with the supposition that such an organism does exist.

The presence and multiplication of pathogenic bacteria in the nasal passages and in the throat is, however, a *known fact*. In the later stage of a cold, they are present in enormous numbers.

In recent laboratory tests, The Medical Arts Laboratory of Philadelphia has demonstrated the germicidal value of the vapor from the inhalant Vapex. A Petri dish with a standard bacteriological culture of *Staphylococcus aureus* under a glycerin film (hardiest of the organisms proliferating in the nose during a cold) was inverted over another dish containing .02 cc (one drop) of Vapex.

The illustrations above show you the result. The Vapex vapor has a remarkable penetrative germicidal power.

When inhaled, Vapex, in addition to alleviating the distressing symptoms of coryza, would seem therefore to have additional worth because of the ability of the vapor to reduce the number of pathogenic bacteria present. And so, tends to be of value in helping to prevent the serious secondary illnesses that are post-current to a cold.

On this basis, as well as for the definite relief it brings, Vapex is offered to physicians as a complement to their regular prescription for colds.

Vapex is distributed in the United States by E. Fougera & Co., Inc., *Distributors of Medicinal Products since 1849.*

of equipment, and at hand a full library of medical information. Further, there would be, cross-indexed, a sufficient number of valuable cases to give doctors a practically full history of all that is known on any particular disease.

Laboratory research and clinical experimentation could be enjoyed by mixed groups of specialists due to the convenience and central location of the rooms. With so many varied interests under the same roofs, intensified research would be in constant progress.

*Next, what would widespread group practice mean to the average man? Just this: a full medical examination twice a year; a complete check-up on his slightest ailments; medical attention whenever necessary; and the advice of specialists—all at a prearranged, standard fee, based upon mortality and health figures. The fee, of course, would be the minimum charge commensurate with adequate earnings to medical men; and as the groups would be operated upon business principles, the trend would be to give increasing service for diminishing costs.*

Sudden sickness in a family so protected, a birth or a death, would not entail (as it so often does at present), the withdrawal of the family savings from the bank or a maximum stretching of the family credit with resulting financial hardships and worry. With the annual payment, the medical expenses of the family for the year would be taken care of, and the treating of sickness under the most modern and expert care assured.

It would then follow that the medical profession would cease to be regarded as one to make sick people well. Instead, the masses would look upon the doctor as some one to keep sickness away.

The nation would benefit economically by hundreds of mil-

# Thialion

is a dependable agent to prescribe in rheumatism, gouty conditions, biliousness, constipation and wherever there is evidence of acidemia or decreased alkalinity.

*Literature on request*

## VASS CHEMICAL CO.

Danbury, Conn.



### MARVOSAN FOR FEMININE HYGIENE

MARVOSAN passed the "test stage" many years ago as a preparation superior to all other jellies employed for feminine hygiene. Its scientifically balanced formula and excellent consistency make it the most logical jelly to prescribe where an adequately protective Antiseptic Vaginal Jelly is required.

MARVOSAN is unqualifiedly accepted by clinics and is prescribed by physicians everywhere because it is safe, dependable and ethical.

(Packed in unlabeled package if desired.)

*Literature gladly sent on request  
Write for our special offer to physicians*

**TABLAX COMPANY**  
32 Union Square New York, N. Y.

# ortho-gyno

APPROVED FOR  
VAGINAL HYGIENE



- During this year thousands of physicians have requested specific information concerning Ortho-Gynol. The wide-spread interest is due to the ready acceptance of such a preparation of sound clinical and laboratory background. In any case in which your judgment dictates that vaginal hygiene shall be employed, you will find Ortho-Gynol effective. It does not interfere with natural functions—does not offend esthetic senses—requires no technique. Ortho-Gynol is used with or without pessary. It is also recommended for local treatment of Vaginitis and Leukorrhea.
- *If you have not received your complimentary package, we shall gladly send you—as a practicing physician—a full-sized tube of Ortho-Gynol (lettered or unlettered—actual value \$1.50).*

**Johnson & Johnson**  
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lions, perhaps billions, of dollars annually. The medical profession would be assured proper recompense. We would make even swifter progress in medical discovery and scientific research. And the American people would be healthier and happier without the financial worry that serious illness invariably causes under our present regime.

An alternative to this suggestion lies in forcing industries by legislation to maintain unemployment and sickness insurance for their labor. Wise employers should either maintain their own health clinics under the supervision of experienced doctors, or have some service whereby employees can be given periodic examinations and treatments when necessary.

If the medical profession organizes along lines it has been studying in late years, and which I have reviewed in this article, it is clear that government in-

surance and state medicine will be avoided, once and for all. With increased numbers of people receiving preventive medical care on a mass production basis, so great an increase will result in the revenues of the medical profession each year that the overhead cost of serving the individual person will be reduced by at least half.

I believe that if the medical profession applies scientific research to its business organization, if it takes definite and planned steps to meet the needs of a mass production and mass distribution era, its actions will apply enough leverage to lift the standard of living of the entire country, and will immeasurably further peace and prosperity on all sides.

All agree that we must have a healthy nation. Most of us agree, also, that to increase the buying power of the consumer's dollar will aid prosperity. We

## Toxic Blood - Malaria - Typhoid

Echinacea Angustifolia, considered one of the most important medicaments introduced during recent years, is one of the great fever remedies—particularly the Typhoid and Malarial types, as well as the fevers of Septic Infection and Rheumatism.

Echitone combines Echinacea Angustifolia (popular Cone-flower) with Iris Versicolor, having powerful catalytic action upon the glandular system and the ductless glands, and Viola Tricolor, whose principal sphere of action is in the gastrointestinal canal and skin.

In all infectious diseases, as well as in all destructive processes of the skin, Echitone is recommended.

Clinical sample and literature on request.



**Strong, Cobb & Co., Inc.  
Cleveland, Ohio**

**ECHITONE**

STRONG, COBB & CO., Inc.,  
Cleveland, Ohio.

Please send complimentary package  
of Echitone and literature.

Dr. ....

Address .....

City..... State.....

# NEW!

## THE HYPO OUTFIT YOU'VE ALWAYS WANTED



*With a live rubber tray...one that protects  
the contents against breakage when dropped  
...prevents spilling when overturned.*

Now the makers of VIM products have given the medical profession a new and modern Hypo Outfit—one it has long wanted. The new VIM gives you freedom from breakage and spilling...a thin, convenient case...sturdily built...that fits easily into the pocket.

In place of clumsy metallic clips or fasteners you get a live rubber tray. One that holds tight indefinitely—with nothing to repair or replace.

This rubber tray absorbs the shock if dropped...prevents damage to the contents. It holds contents tight, even when the case is tipped upside down.

Easily sterilized, without removing the syringe or needles. Put the live rubber tray into the sterilizer—or the entire case, removing only the vials.

No other Hypo Outfit has such a combination of advantages—thin, strong...with bulkiness eliminated the new VIM gives you an outfit that fits easily into your pocket. And new freedom from petty annoyances of older type outfits.

Examine this new and improved VIM Outfit at any surgical instrument dealer—or order it subject to return if it is not all we claim it to be. The price is \$5.50.

Just ask for the New VIM Hypo Outfit with the contents cushioned in live rubber—protected against breakage and spillage—with no metal parts to loosen—nothing to replace or repair. And know that this thin pocket-size case will last you a lifetime.

**MacGREGOR INSTRUMENT COMPANY**  
**Needham, Mass.**

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already know that group medical care offers a superior service at a radically reduced cost.

In the same way, most of us hope to see the day when the poorest laborer will be able to afford the highest type of medical care—and, incidentally, when he will be able to promptly pay his medical bills.

The medical profession has within its power the means to make all this possible. Today, the lack of adequate medical care for everyone is one of the greatest losses the country must meet each year. Tomorrow? Budgeted health, a decrease of pain, an increase of happiness, the tremendous economic boon of organized illness prevention.

Success requires organization, plus scientific research into business methods. It means production and distribution of health to the masses in order to make mass production and mass distribution of commodities.

But, let me add, I believe that this—and more—will be accomplished only by a rationalized method of charging and paying for adequate health maintenance. I believe that medical care will soon be given a recognized share of the consumer's dollar in proportion to the share claimed for other charges.

And I believe that the medical profession with its high ideals should be the guiding force in this basic and necessary economic change.

## An Army Career?

[FROM PAGE 39] Several years follow as a general practitioner (the foundation for all sound specialization) at the smaller military posts, where the real Army life is lived and Army friendships are cemented. Here

### *The World's Purest Castor Oil*



### **KELLOGG'S tasteless CASTOR OIL**

Super-refined by the exclusive Kellogg Patent process, Kellogg's Tasteless is the only refinery sealed castor oil in America, and is bottled within six hours after refining.

Contains no aromatics or preservatives of any kind—absolutely pure—always fresh—full strength—high quality exceeds all U.S.P. requirements.

Be sure to specify "Kellogg's Tasteless Castor Oil" in original refinery-sealed bottles.

**3 oz.—25c      7 oz.—50c**

*National Distributors*

**WALTER JANVIER, Inc.**  
**121 Varick Street**  
**New York, N. Y.**

*"Practically all diseases and all types of poisoning are associated with varying degrees of ACIDOSIS."*

W. D. Sansum, M. D.

**A**CIDOSIS manifests itself in a variety of ways. Sansum, in "The Normal Diet" mentions such symptoms as "malaise, lassitude, nausea, vomiting, loss of appetite, headache, sleeplessness, weakness, muscle aches, sour stomach, acid mouth, acid urine and even sour disposition" as being associated with an acid condition.

Symptomatic relief usually calls for alkalinization.

Of all the available alkalinizing agents, Phillips' Milk of Magnesia holds a place of first importance. For more than 50 years it has en-

joyed the complete confidence of physicians.

The reasons are not hard to see. Phillips' Milk of Magnesia combines with its effective properties as an antacid, palatability and an unvarying quality.

A given amount neutralizes almost three times as much acid as a saturated solution of sodium bicarbonate and nearly fifty times as much as lime water.

You will find small, frequent doses of Phillips' Milk of Magnesia a satisfactory and effective method of alkalinization in the majority of cases which need such treatment.



### NEW! PHILLIPS' MILK OF MAGNESIA TABLETS

Phillips' Milk of Magnesia is now obtainable in tablet form. Each tablet is equal to one teaspoonful of Phillips' Milk of Magnesia—

in a dosage and form particularly convenient for the frequent administration called for in conditions of acidity.

# PHILLIPS'

## Milk of Magnesia

Prepared only by The Chas. H. Phillips Chemical Co., New York, N. Y.

he meets the real adventures, thrills, and hardships—romance, all of it—of his career. He becomes a soldier.

He will encounter occasions which cause him to wonder why he ever forsook the prosaic grind of civilian practice, but these moods will pass. The congenial fraternism of Army life will leave him small opportunity to live within himself; his contacts will polish off the facets of his personality.

As each man's special qualifications appear, he is ordered to the larger Army Hospitals for instruction and practice in the specialty to which he is best adapted. The man of outstanding ability in any special line has opportunities to work, at Government expense, in the great medical centers of the country; or, if his aptitudes are military, rather than medical, in the schools of higher command, including the Army War College.

As the years go by, the officer's rank, pay and responsibility steadily increase. After three years (and the interne year counts toward promotion) he is examined for promotion to the grade of captain. His minimum pay and allowances then become \$3,456.

After twelve years of service, he is eligible for promotion to major at \$4,536. In twenty years, he may become lieutenant colonel (minimum income, \$5,626); and after twenty-six years, colonel (minimum income, \$6,776; maximum, \$7,200).

Promotion to the grades of general officers is not by service or seniority, but by presidential appointment only. Whenever an officer changes station, the Army pays all expenses of the move.

*Preventive medicine and aviation medicine now appear to be the professional specialties of the future.* The latter carries an extra kick of its own, in addition

## Danish Ointment

(TILDEN)

The approved 24-hour treatment for

### SCABIES

Per pound \$1.28

Dozen 2-oz. jars \$3.00

(Above Prices do not include delivery charges)

A Trial Will Convince You.

Physician's Sample free upon request.

Prepared Only By

THE TILDEN COMPANY

Pharmaceutical Chemists since 1848

New Lebanon, N. Y.

St. Louis, Mo.

# SAL HEPATICA in Gynecology



Many physicians advise free use of Sal Hepatica during menstruation, because of its ability to reduce the general distress, dysmenorrhea, and headaches incident to the menstrual period.

In congestion or inflammation of the pelvic organs or vaginal tract, Sal Hepatica will aid materially. Its prompt eliminative

action reduces pressure by the intestinal canal on the affected area.

Since 1895 Sal Hepatica has been approved by the medical profession as an alkaline laxative which will not create a condition of tolerance.

The coupon will bring you a professional sample.

## \* Sal Hepatica \*

**MEMO to my  
assistant:** Send to  
Bristol-Myers Co.,  
71 M West St., New  
York, for a profes-  
sional sample of Sal  
Hepatica (gratis)

Name \_\_\_\_\_ M. D. \_\_\_\_\_

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to the romance of any Army career.

There is time and opportunity for cultural development. The Army Medical Officer receives a month's leave of absence, on full pay, every year. He has the benefit of domestic travel and foreign service—in Hawaii, the Philippines, Panama, Porto Rico or Alaska.

Worries about old age are banished by the definite assurance of retirement on three-quarters pay. Retirement is optional after 30 years' service and obligatory at the age of 64. It also becomes effective in permanent physical disability. The income of a retired colonel is good interest on \$100,000 invested in sound bonds.

The Army Officer's lot is further made pleasant by the congenial environment and an assured social standing wherever he goes.

Think of a big, comfortable home in a park (practically all military posts are virtually parks), with no rent or taxes to pay; think of a pleasant and civilized social life which is yours as a right. Think of Waikiki Beach and Diamond Head by moonlight, the gorgeous sunsets over the China Sea, the majesty of Culebra Cut, the endless summer of Porto Rico.

Romance, with remuneration, is the reward of an Army medical career!

## Wrong Seal

In the advertisement of the Gallia Laboratories, Inc., on page 111 of October MEDICAL ECONOMICS, there was reproduced the Seal of Acceptance of the American Medical Association's Committee on Foods.

The seal should have been that of the Council on Pharmacy and Chemistry, which has accepted Arheol and Riodine, products of the Gallia Laboratories, Inc.

## REVELATION TOOTH POWDER



is a dentifrice such as you have always wanted. It is ideal in every way and is a thorough cleanser.

For proof we want you to try the powder so send your professional card for full size can of Revelation and literature without charge.

August E. Drucker Co.  
2226 Bush Street, San Francisco

## Prescribe

**ELEMIST**  
HART'S INHALANT

For  
**COLDS**



It combats the cause as well as the subjective symptoms.

Try a bottle at our expense

HART DRUG CORP.,  
35 S. W. 2nd St., Miami, Florida.

Please send me free bottle of Efemist.

M.D.



## The Sodium Perborate Product with the Pleasant Taste

# Trent

The patient ordered to use Sodium Perborate is sentenced to a daily ordeal that is most disagreeable. The patient instructed to use TRENT is introduced to a treatment that is pleasant and entirely unobjectionable.

TRENT is a combination of Sodium Perborate and Ortho-Iodo-Benzoic Acid.

Sodium Perborate liberates 9% of nascent oxygen to oxidize pus, destroy food particles in concealed mouth crevices and bleach discolored teeth.

Ortho-Iodo-Benzoic Acid in use liberates non-staining, non-irritating and non-toxic organic iodine.

TRENT is indicated in cases of Vincent's infection, sensitive and bleeding gingival tissues, as a post-operative treatment in exodontia and as an aid in the treatment of pyorrhea.

If you have not received a sample of TRENT, write to:

**T R E N T   L A B O R A T O R I E S**  
308 Central Avenue, West                      Cleveland, Ohio

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## Fraternities

[FROM PAGE 27] occasionally either for formal lectures or for merely informal chats with the future physicians.

All these things, then, suggest what it is that my classmate sensed the need of in regretting that he had not seen fit to accept a bid to a medical fraternity. It being merely human nature to want what we don't have and to undervalue what we do have, many of the readers of this article, I am sure, are men who belong to a fraternity but have almost forgotten the fact, so completely have they become engrossed in other and seemingly more important affairs. Frequently the very man who was one of the leaders in the chapter while he was in school loses all touch with his fraternity when he gets out into practice.

First comes his internship, and then the battle of locating and starting to build up a practice. Then, usually, comes marriage, with added responsibilities—and the battle to build up a bigger practice. Within five years, oftentimes, he has lost contact.

In Alpha Kappa Kappa we have sought in some degree to avert this situation in which a man's preoccupation with getting started professionally isolates him from his fraters. Since 1928 we have required of each man coming into the fraternity that he take out a ten-year subscription to our fraternity magazine, *The Centaur*. This measure, we feel, will aid him greatly in perpetuating his normal interest in

## HANDKERCHIEFS

(Cellulose Tissue)

Softer, more economical than any other material. If your supply dealer cannot supply Facial Tissue Kerchiefs, send \$3.00 for 1000 postpaid. White, green, blue, pink, purple or corn. Money-back guarantee. THE GENERAL CELLULOSE COMPANY, Westfield, New Jersey.

**In ANY G-U infection  
with ANY treatment  
after ANY intervention**

## SANMETTO

TO relieve local pain,  
sooth the mucosae,  
prevent burning and dis-  
comfort in nicturition.

Sanmetto is always safe  
—never irritating—if  
the true Sanmetto in the  
original bottle is used.\*  
That is because of the  
way it is made—from  
pure sandalwood (not  
from oil or santal  
esters), 2 ea. main  
and selected pal-  
metto berries.



OD PEACOCK SULTAN CO.  
St. Louis, Mo.

\*P.S. The patient's reaction is  
most often the simplest test of  
this. If he or she does not get  
the relief expected be sure to  
ask for the bottle!

# Cigarettes

## are not cures . . .

We have ample evidence that people suffering from colds or nose or throat ills can enjoy Spuds . . . where they can't enjoy any other cigarette. That's because of the menthol.

Do we rush in and claim that Spuds are beneficial in these cases? We do not.

After all, that would be giving medical advice . . . and that's something which must come only from doctors. You know your patients' cases and (we hope) you know Spud. Whatever your advice to them about Spud smoking, we take as binding upon us.

# SPUD

MENTHOL-COOLED CIGARETTES

20 FOR 20c (U. S.) . . . 20 FOR 30c (CAN.)

THE AXTON-FISHER TOBACCO CO., INC., LOUISVILLE, KENTUCKY

MART

the fraternity's affairs during that "dangerous period," the first few years out of college.

Experience has shown us that the average doctor who is a fraternity man but who has allowed his fraternity interests to lapse almost to the vanishing point begins to realize after a while, say after about eight years in practice, that he is missing something. He meets one of the boys, or perhaps receives a letter from one of them, and frequently makes some sort of effort to re-establish *liaison* with his fraternity.

He finds it somewhat difficult. He doesn't know the young fellows at all. The older ones are scattered and their doings are likewise quite unknown to him. But by the exercise of will power, backed by a sincere desire, he will succeed in once more reviving an active interest and participation in his fraternity, as a chapter and as a whole. And when he

does this he will realize what he has been missing.

Where do you stand in this matter? Are you one of the "Forgotten Men" of your fraternity? If so, why not come to life again, for your own good as well as for that of your group? You joined the fraternity not for the duration of college days but for life. Why not complete the full term? I know how easy it is to tell yourself you are too busy for the fraternity—and convince yourself, too, that you haven't time to drop around to the frat house once in a while, or go to conventions, and the like.

That's all right for the men who have the time, you say, but as for me—well, I'm just too busy! May I remind you that, if I felt free to mention them, I could set forth herewith a very impressive roster of men right in my own fraternity alone—men whose names are particularly well known in the profession

## ERGOAPIOL (SMITH)



### Amenorrhea - Dysmenorrhea Menorrhagia - Menopause

Today, as for years, Ergoapiol (Smith) is the accepted medicament in combating those menstrual anomalies which may be traced to constitutional disturbances; atonicity of the reproductive organs; inflammatory conditions of the uterus or its appendages; mental emotion or exposure to the elements.

The physician readily can ascertain whether his prescription for Ergoapiol (Smith) has been correctly filled by dividing the capsule at the seam, thus revealing the initials M.H.S. embossed on the inner surface, as shown in photographic enlargement.

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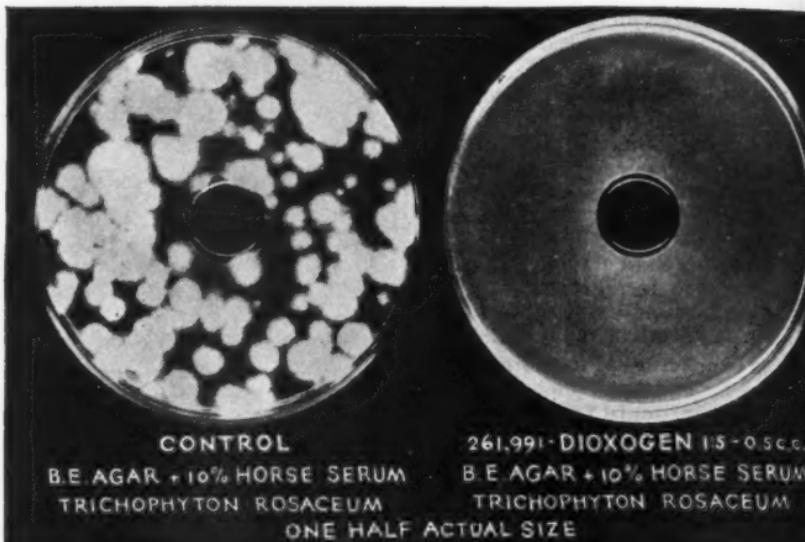
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